



NOTICE

To All Applicants Downloading This Document From The Internet

Applicants who obtained this RFA through the Internet shall provide the jurisdiction in which they are applying with the following:

- Name of organization;
- Key contact;
- Mailing address;
- Telephone and fax numbers; and
- E-mail address.

This information shall be provided to the contact person listed below so that the applicant will receive addenda and/ or amendments to the FY 2007 Ryan White Title I EMA-Wide Grant RFA.

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http://www.co.pg.md.us/Government/AgencyIndex/Health/grant_opps.asp

REQUEST FOR APPLICATIONS (RFA): #0815-06

**District of Columbia
Department of Health, Administration for HIV Policy and Programs**

**FY 2007 Ryan White Title I Eligible Metropolitan Area (EMA)-Wide Grant
(District of Columbia, Suburban Virginia & Suburban Maryland)**



Invites the Submission of Applications for Funding under Title I of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.

**Announcement Date: August 11, 2006
RFA Release Date: August 15, 2006**

Application Submission Deadlines:

District of Columbia:	October 17, 2006, 5:00 p.m.
Suburban Virginia:	October 17, 2006, 5:30 p.m.
Suburban Maryland:	October 17, 2006, 5:00 p.m.

LATE APPLICATIONS WILL NOT BE REVIEWED



NOTICE OF FUNDING AVAILABILITY #0811-06

**DEPARTMENT OF HEALTH
Administration for HIV Policy and Programs
FY 2007 Ryan White Title I EMA-Wide Grant**

The Government of the District of Columbia, Department of Health/ Administration for HIV Policy and Programs in conjunction with the Prince George's County Health Department, the Northern Virginia Regional Commission and the Washington Metropolitan Regional Health Services Planning Council is soliciting applications from qualified applicants to provide a variety of clinical and medical support services to indigent, uninsured and under-insured persons who are HIV-infected. The Request for Applications (RFA) is both EMA-wide and separated by jurisdiction. For those applying in all jurisdictions the complete EMA-wide RFA will be available in the District of Columbia. Prince Georges County Health Department and The Northern Virginia Regional Commission will only have their sections of the RFA available for pick up.

Approximately \$24,540,210 in FY 2007 Ryan White Title I EMA-Wide Grant funds will be available in the following jurisdictions: District of Columbia will have \$14,397,006; Suburban Maryland will have \$6,134,171; and Suburban Virginia will have \$4,207,644.

These funds will be awarded to the District of Columbia Administration for HIV Policy and Programs (AHPP) by the U.S. Health Resources & Services Administration (HRSA) under the Ryan White Title I program contingent upon availability of funds. The funding is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act as amended to provide services for low-income individuals with HIV/AIDS. The Washington Eligible Metropolitan Area (EMA) continues to be disproportionately affected by HIV and AIDS. The EMA includes programs with CBOs in Washington, DC, Suburban Maryland, Suburban Virginia and West Virginia.

Services under the FY 2007 Ryan White Title I EMA-Wide Grant programs includes outpatient primary medical health care, specialized case management, basic life needs and a variety of support services.

The Request for Applications (RFA) is both EMA-wide and separated by jurisdiction. For those applying in all jurisdictions the complete EMA-wide RFA will be available in the District of Columbia for pick up at 64 New York Avenue, NE, 5th Floor, Suite 5001 and on the following website www.opgd.dc.gov on Tuesday, August 15, 2006. The Prince Georges County Health Department will have their jurisdictional RFA available for pick up and on the web at the information listed below. The Northern Virginia Regional Commission will have their jurisdictional RFA available for pick up and on the web at the information listed below. The Request for Application (RFA) submission deadline is Tuesday, October 17, 2006 for the District of Columbia, Suburban Virginia and Suburban Maryland. Applicants applying for EMA-wide service categories must submit application to the District of Columbia. Applicants

applying for each jurisdictional RFA must submit their applications to the appropriate jurisdiction. The Pre-Application meeting will be held in the District of Columbia at 441 4th Street, NW, Council Chambers, Lobby Level, on September 6, 2006, from 10:00am – 1:00pm.

District of Columbia

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grant_opps.asp](http://www.co.pg.md.us/Government/AgencyIndex/Health/grant_opps.asp)**



N O T I C E

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

***FY 2007 Ryan White Title I EMA-Wide Grant
(District of Columbia, Suburban Virginia & Suburban Maryland)***

PRE-APPLICATION CONFERENCE

Attendance Recommended

WHEN: *September 6, 2006*

WHERE: *Judiciary Square
441 4th Street, NW
Council Chambers, Lobby Level
Washington, DC 20001*

TIME: *10:00 a.m. – 1:00 p.m.*

CONTACT PERSON: *T' Wana L. Holmes
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**District of Columbia
Department of Health**

**Request for Applications (RFA): #0815-06
FY 2007 Ryan White Title I EMA-Wide Grant**

SECTION I GENERAL INFORMATION

Introduction

The purpose of Title I of “The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and amendments of 2000” is to reduce the overwhelming burden of HIV-related care on urban health systems by expanding the continuum of care and improving access to medically appropriate levels of care. The Washington Metropolitan Regional Health Services Planning Council, pursuant to the provisions of the Act, has adopted a comprehensive service delivery plan for the metropolitan area and established funding priorities for the four jurisdictions Washington, DC, Suburban Maryland, Suburban Virginia, and West Virginia.

The primary objectives of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, as amended in 2000 are:

“ To expand and improve the range of ambulatory and outpatient health and support services, including comprehensive treatment, case management, community-based and transitional services that are available to individuals and families with HIV infection, in order to complete the continuum of care and provide services in the least restrictive setting”;

“ To make these services known and accessible to low income individuals and families and under served populations”; and

“ To establish and/or strengthen a coordinated, community-wide approach to planning and delivering HIV-related services.

These funds will be awarded to the District of Columbia Administration for HIV Policy and Programs (AHPP) by the U.S. Health Resources & Services Administration (HRSA) under the Ryan White Title I program contingent upon availability of funds. The funding is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act as amended to provide services for low-income individuals with HIV/AIDS.

Target Population

In keeping with the objectives of Ryan White and the recommendations of the Metropolitan Washington Regional Health Services Planning Council, the governments of the District of



Columbia, Suburban Maryland, Suburban Virginia, and West Virginia counties in the Eligible Metropolitan Area (EMA) have determined that the target populations for Title I funds are indigent, uninsured, and under-insured persons who are HIV-infected.

In addition applicants may focus on one or more of the following subgroups: 1) African Americans, Latino/as and other ethnic minorities; 2) Injection and non-injection substance abusers; 3) individuals diagnosed with mental illness; 4) transgendered persons; 5) older adults (50 years & older); 6) infants and children; 7) women with dependent children; 8) youth (13-24 years old); 9) men of color who have sex with men (MSM); 10) white men who have sex with men (MSM); 11) women of child bearing age (13 years and older) and 12) incarcerated/recently released.

Service Delivery

The Continuum of Care

No single set of services can effectively address the needs of the wide range of races, ethnicities, social identities, risk behaviors, clinical statuses and service expectations of clients throughout the Washington DC eligible metropolitan area (EMA). The best hope for a service delivery system lies in establishing and maintaining a continuum that ensures access, retention and coordination of all required care and support services.

An effective continuum is characterized by a full complement of client-focused, culturally competent and multi-directional interventions. The service delivery system model may include coordination, collaboration, comprehensiveness, co-location, cultural competency and chronic care. It is a system with multiple points of entry, a system that embraces the reality that clients consume services in very different proportions, sequences and frequencies. It is designed to improve integration, collaboration and focused outreach among an extensive provider network system, and incorporates early intervention, prevention, counseling and testing, and care services.

The continuum is consciously intended to be non-hierarchical and non-linear so as to model the many, varied and iterative ways in which clients experience the service delivery systems in the expectation that this will increase the likelihood that all eligible people with HIV, including the newly diagnosed, historically underserved and disproportionately impacted populations and hard-to-serve individuals, will effectively be served. To ensure that all infected and affected persons of the EMA are able to access services a special emphasis has been placed on the following: getting clients aware of their HIV status but not in care into care and getting those clients out of care for 6 months or more into care.

The integration of care and prevention services is a key component of the continuum of care, and one that is especially challenging in an EMA of overlapping jurisdictions. The integration of planning for care and prevention services is in the initial stages, and is grappling with the complex questions of variable access to services, retention, multiple funding sources with



different requirements and expectations, and the difficulties of coordinating among four prevention planning groups and a single care planning group.

The Washington DC EMA has created and supports a comprehensive HIV/AIDS primary health care system in every part of the EMA. The EMA has identified core service categories pivotal to the continuum of care. The core services are primary medical care, case management, oral health, substance abuse, mental health and medication. Other supportive services are critical in the continuum. Applicants applying for services other than the core should demonstrate how the services will expand, enhance, support and facilitate connectedness to primary care. The applicant can accomplish this through memorandum of understanding with multiple providers to assure continuum of care for access, retention and care.

The diverse multicultural client population of the Washington DC EMA gains more expansive and culturally specific programs with use of Minority AIDS Initiative (MAI) funding. MAI funds develop and enhance programs for communities of color beyond service provided with the use of other Ryan White funds.

The Washington DC EMA benefits from an active Early Intervention Services network, financed through CARE Act Title I, Title II and Title III funds. An important portal into the HIV continuum of care, early intervention services include

- Outreach for medical services, designed to ensure that hard-to-serve individuals are identified and empowered to consume HIV health and support services.

Applicants must establish, document, and maintain formal linkages with other major providers and key points of entry (e.g. emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters and other entities under section 2604 (b)(3) and 2652(a)) serving the target and special population(s) identified above.)

Eligible Organizations/Entities

Not-for-profit and for-profit health and support service providers may apply, including universities, community-based organizations and government-operated health facilities, which are located within and provide service in the jurisdictions of the Washington, DC EMA, as identified above. Preference will be given to 501(c) 3 organizations. For-profit organizations may be funded if evidence is provided that they are the only organization able to provide the service.

Applicants that provide Medicaid covered services must be Medicaid certified and authorized to bill in the jurisdiction where the service is provided. Evidence can be presented in the form of a Medicaid approval letter or an actual Medicaid number for the agency and/or provider. If your organization has never received Ryan White funding and you are not Medicaid certified, evidence of an application to the appropriate jurisdiction for Medicaid certification must be



submitted as a part of the Title I application in response to this RFA. This documentation must be included in the Assurance package. Only Medicaid certified organizations that are authorized to bill will receive a Title I award. For a listing of eligible Medicaid reimbursable services for each jurisdiction in the EMA please see <http://dhs.dc.gov/dhs/site/default.asp> for Washington, DC, <http://www.dhmf.state.md.us/mma/mmahome.html> for Suburban Maryland and <http://www.dmas.virginia.gov/> for Suburban Virginia.

Source of Grant Funding

The funds are made available through the US Health Resources and Services Administration (HRSA) and the District of Columbia Department of Health Administration for HIV Policy and Programs for the Washington, DC EMA in the four jurisdictions that consist of the District of Columbia, Suburban Virginia, Suburban Maryland and two counties in West Virginia.

The Ryan White Title I grant period is March 1, 2007 to February 29, 2008. An additional option year may be granted at the discretion of the District of Columbia Administration for HIV Policy and Programs and its Administrative agents if funds are available. Only vendors that meet performance and compliance requirements will be considered for an additional option year.

Grant Awards and Amounts

All awards will be based on the availability of Ryan White Title I funds awarded to the Washington, DC EMA from HRSA.

It is expected that the following amounts will be available for the District of Columbia:

District of Columbia	
Source of Funding	Amount
Ryan White Title I (regular funding)	\$ 12,738,589
Ryan White Title I Minority AIDS Initiative Funding	\$ 1,658,417
District of Columbia Total	\$ 14,397,006*

***This does not include the off-the-top (OTT) funding.**

It is expected that the following amounts will be available for Suburban Maryland:

Suburban Maryland	
Source of Funding	Amount
Ryan White Title I (regular funding)	\$ 5,324,222
Ryan White Title I Minority AIDS Initiative Funding	\$ 661,234
Ryan White Title I Rural Funding	\$ 148,715
Suburban Maryland Total	\$ 6,134,171



It is expected that the following amounts will be available for Suburban Virginia:

Suburban Virginia	
Source of Funding	Amount
Ryan White Title I Regular Funding	\$ 3,719,706
Ryan White Title I Rural Set-Aside	\$ 181,372
Ryan White Title I Minority AIDS Initiative	\$ 306,566
Suburban Virginia Total	\$ 4,207,644

Multiple Submission

Applicants desiring consideration to provide services under more than one service category must submit a separate application for each service category, with only one Assurance Package per organization.

Each application must be self-contained and include all of the required information as outlined in the RFA application format (see Section III).

Example: If your organization is applying for funding in two (2) service categories, you must submit a total of ten (10) individually sealed envelopes. Five (5) envelopes for each service category, with one (1) marked "original" and four (4) marked "copy".

Contact Persons

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Internet

Applicants who obtained this RFA through the Internet shall provide the jurisdiction in which they are applying with the following:

- Name of organization;
- Key contact;
- Mailing address;
- Telephone and fax numbers; and
- E-mail address.

This information shall be provided to the contact person listed above so that the applicant will receive addenda and/or amendments to the FY 2007 Ryan White Title I EMA-Wide Grant RFA.

Pre-Application Conference

A Pre-Application Conference will be held September 6, 2006, from 10:00 a.m. to 1:00 p.m., at Judiciary Square at 441 4th Street, NW, Council Chambers, Lobby Level, Washington DC 20001, (Metro Red Line – Judiciary Square).

A Suburban Maryland RFA Technical Assistance meeting will be held on September 8, 2006, from 10:00 a.m. to 12:00 p.m., at 1701 McCormick Drive, First Floor Conference Room, Largo, MD 20774.



A Suburban Virginia Pre-Application Conference will be held on September 13, 2006, from 1:30 p.m. to 3:30 p.m., at 3060 Williams Drive, Suite 510, Fairfax, VA 22031.

Questions Regarding the Contents of this RFA

Questions presented outside of the pre-application conference must be submitted in writing. Applicants must mail, fax or e-mail questions to the contact persons listed above by October 3, 2006. Questions submitted after the deadline date will not be accepted. Please allow ample time for mail to be received prior to the deadline date.

Location of Services

Service providers must be located:

- In the Washington, DC EMA, which includes the District of Columbia, Suburban Maryland and Suburban Virginia; and
- In the jurisdiction they propose to serve (i.e. if you plan to serve clients that live in the District of Columbia, your organization must have a site in the District of Columbia).

Exceptions may be made for organizations that provide exclusive services that are not available, but are needed, within the EMA or a particular jurisdiction.

Hours of Operation

The applicant must document when services are available and the specific efforts they will take to meet client needs. Hours of operation should be chosen to maximize successful utilization by the target populations. Priority will be given to applicants with flexible schedules that provide evening and weekend hours of operation.

Performance Standards and Quality Assurance

1. The applicant shall have a continuous quality management plan that includes a continuous quality improvement system and an implementation work plan to monitor and evaluate the delivery of all services, to ensure that identified deficiencies are addressed. At a minimum, the quality management program shall include a review of the appropriateness, quality, and timeliness of each service and shall incorporate those quality assurance standards as have been approved by the Washington Metropolitan Regional Health Services Planning Council; U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA); and/or applicable state requirements which establishes professional practices.
2. Quality management programs should also focus on linkages, best practices and provider and client expectations.



3. The applicant shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting. Applicants must collect and report demographic, clinical and utilization data as required by the US Public Health Service (USPHS), Washington Metropolitan Regional Health Services Planning Council, U.S. Department of Health and Human Services, Health Resources and Services Administration, and/or applicable state requirements.

As of the release of this RFA, the following protocols have been approved by the Washington Metropolitan Regional Health Services Planning Council and may be obtained as detailed in Attachment H of this RFA:

- ☐ Case Management;
http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,598650,dohNav_GID,1839,dohNav,33815,asp
- ☐ Chronic Care Model; <http://hab.hrsa.gov/publications/march2006/>
- ☐ Assisted Transportation;
- ☐ Day Treatment;
- ☐ Food Bank;
- ☐ Interpreting Support Services; (Interpretation Services)
- ☐ Mental Health;
- ☐ Nutritional Support;
- ☐ For the Primary Medical Care protocol, please refer to the Public Health Services Guidelines for the care of HIV infected persons, *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents*;
<http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&Search=Off&GuidelineID=7&ClassID=1>
- ☐ PWA Advocacy;
- ☐ Oral Health; and
- ☐ Volunteer Coordination.
- ☐ In addition to the above mentioned Planning Council approved protocols each jurisdiction has a separate approved Case Management Protocol and may have separate protocols for other service categories.



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4. The applicant shall participate in the evaluation of the funded project(s) by appropriate internal staff and/or external evaluators with the assurance that client confidentiality will be maintained. These activities may include, but need not be limited to, site visits, client surveys, or other data collection activities.

Monitoring

1. The Administrative Agency in each jurisdiction shall monitor and evaluate the performance of the Applicant according to the scope of work, approved budgets and related service delivery standards.
2. Applicants will be responsible for assuring that all clients receiving services provided through Title I funds sign the appropriate written consent forms. Such consent forms will permit proper monitoring by each Administrative Agency.
3. Each Administrative Agency shall review all written policies and procedures applicable to the project; review all monthly, quarterly and annual program and fiscal reports; conduct site inspections; and hold periodic conferences with the applicant to assess the applicant's performance in meeting the requirements of the grant.

Evaluation

Each Administrative Agency shall be authorized to assess the applicant performance with respect to accomplishing the purposes of the grant. Each Administrative Agency will work with the applicant to determine appropriate program and performance measures. The applicant's performance shall be assessed to determine the quality of the services delivered and the applicant's ability to deliver services according to the deadlines established in the grant agreement. The applicant's fiscal performance shall be assessed to determine compliance with accounting standards, OMB circulars and expenditure requirements. Participation in client satisfaction surveys will be part of the evaluation of program accomplishments. Each Administrative Agency will complete a close out report on the performance of each applicant during the grant year.



SECTION II PROGRAM & ADMINISTRATIVE REQUIREMENTS

Program Requirements

1. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving Ryan White Title I funds.

2. Client Eligibility Criteria

In accordance the following criteria must be used by service providers to determine client eligibility for Ryan White Title I services:

Persons receiving Ryan White Title I funded services shall:

- a. Be a resident of the jurisdiction which is funding the services to be provided; and
- b. Be HIV positive or have been diagnosed for AIDS or HIV related illness by a primary medical practitioner.
- c. In addition, a completed Medicaid application and documented submission date for all clients with incomes below the federal poverty level and T-cell below 200 is required when providing Medicaid reimbursable services.

Applicants, who charge for services and provide services that are reimbursable through Medicaid and/or other insurers, **must use** a sliding fee scale for clients accessing these services through Ryan White Title I funds. The scale must be based on the most current Federal Poverty Guidelines. The requirements regarding imposition of charges for services are as follows:

- a. Clients with an income less than or equal to 100% of the most current Federal Poverty Guidelines **will not** pay a fee for the provision of services.
- b. Clients with an income greater than 100% of the most current Federal Poverty Guidelines **will** pay a fee for the provision of services and will be charged according to a sliding fee scale. The applicant will develop and post the sliding fee scale so that it is visible to clients and the general public.
- c. Clients with an income greater than 100%, but not exceeding 200% of the most current Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **5%** of their annual gross income;



- d. Clients with an income greater than 200%, but not exceeding 300% of the most current Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **7%** of their annual gross income; and
- e. Clients with an income greater than 300% of the most current Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding **10%** of their annual gross income.

Ryan White services will not be denied to any HIV client seeking services. The amount allowed to be assessed by the applicant for charges to those clients whose income is greater than 100% of the most current Federal Poverty Level (FPL) guidelines identifying an inability to pay, a waiver may be granted at the discretion of the Administrative Agency.

Applicants are required to provide an estimate of the demographic distribution of clients to be served for each service category they are applying for using the Client Demographics form (Attachment J).

3. Client Advocacy and Grievances

The applicant shall develop and implement an agency grievance procedure that is sensitive to the needs of the target population, and participate in the EMA-wide PWA advocacy project. Clients must receive a copy of the agency's grievance procedures annually. As part of the grievance procedure document, the applicant must name a designated contact person who will serve as the organization's link with the EMA-wide PWA advocacy project funded through the Washington Metropolitan Health Services Planning Council. Applicants must include a copy of their internal client grievance procedures in the Assurance package.

4. Reports

Once awarded Title I funds, each vendor will be required to submit monthly, quarterly and an annual and final reports to the Administrative Agency of the jurisdiction from which they receive funds. Monthly reports will be used to determine progress toward the completion of task requirements detailed in the grant scope of work. Failure to submit accurate and complete reports may result in the suspension of funds until acceptable reports are received. Late submissions of any required reports might result in a reduction of as much as half of the expected administrative expenditures for each particular month during which a required report is late. All reports must contain the required information in the format determined and approved by the Administrative Agency.

- a. Client based demographic data must include:
 - i. Total unduplicated number of clients currently receiving care;



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- ii. Summary socio-demographics of clients;
 - iii. Types of services, activities and the number of clients involved in each; and
 - iv. Total number of admissions, re-admissions and terminations from service during the month; and
 - v. Total number of client deaths during the month.
- b. Narrative reports must include:
- i. A summary of the results of the evaluation of services;
 - ii. A summary of progress toward meeting program goals and objectives;
 - iii. Information regarding the extent to which established milestones for the time period have been accomplished, including corrective actions taken to address any problems; and
 - iv. A summary of activities accomplished towards completing the quality assurance implementation work plan.
- c. Determinations for new client counts and unduplicated client counts are defined as follows:
- i. Unduplicated client counts is an accounting of clients in which a single individual is counted only once by a provider regardless of the number of services being provided, even if he or she receives services at more than one of the provider's sites.
 - ii. New client count is an accounting of a person who is receiving services from a provider for the first time ever. Individuals who return for care to the service provider after an extended absence are not considered to be new and should be counted as a re-admission into care.
- d. Applicants shall collect and report data in accordance with HRSA's mandatory Care Act Data Report (CADR). This is an aggregate report requesting information about the provider, unduplicated number of clients served, summary socio-demographics of clients, (age, gender, race/ethnicity, exposure category), the number of service units and the number of clients that received services.
- e. A copy of financial expenditure reports covering the period for which reimbursement is being requested shall accompany all payment requests. Payment requests shall be based on invoices with supporting documentation and the receipt of appropriate supporting program data.



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- f. The applicant shall submit to the Administrative Agency a final report no later than the 30th day after expiration of the grant agreement summarizing all service delivery data, expenditure reports, accomplishments, issues and recommendations.
 - g. The applicant shall report unusual incidents by facsimile, e-mail or telephone to the Administrative Agency within 24 hours of the event and in writing within five (5) days after occurrence. An unusual incident is an event that affects staff (Administrative Agency's employees or applicant's staff) or clients that is significantly different from the regular routine or established procedures. Examples include, but are not limited to, unusual death; injury; physical, sexual, or verbal abuse of a client by staff or other clients; staff negligence, fire, theft, destruction of property, or sudden serious problems in the physical plant; complaints from families or visitors of clients; requests for information from the press, attorneys, or government officials outside the jurisdiction involved with the grant; and client behavior requiring the attention of staff not usually involved in their care.
 - h. Applicants must report client deaths in writing to the Administrative Agency within 48 hours of the occurrence.

5. Records

- a. The applicant shall keep accurate documentation of all activities of the project. Records must be legible, dated and signed with original signatures and credentials of individuals providing services. When delivering services to clients, the applicant must maintain records reflecting initial and periodic assessments (if appropriate), initial and periodic service plans; and the ongoing progress of each client. All clients shall be assigned a unique identifier and all client records shall be kept confidential. The applicant shall obtain written informed consent from the client that permits sharing and releasing the client's records in order to coordinate or verify services. Release of information forms must be HIPAA compliant and maintained in the clients' record. All client information must be maintained in one record, regardless of whether a central or a separate site filing system is used. All clients must receive a copy of the applicant's HIPAA practices.
- b. The applicant shall provide the Administrative Agency, and other authorized representatives of the Administrative Agency, such access to clinical records as may be necessary for monitoring and evaluation purposes. To ensure confidentiality and security, clients' records should be kept in a locked file controlled by appropriate applicant staff.



Administrative Requirements

1. Staff Requirements

For the purposes of this grant, “staff” is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these Ryan White Title I funds.

- a. The applicant shall employ and maintain documentation that staff possesses adequate training and competence to perform the duties which they have been assigned.
- b. The applicant shall maintain a complete written job description covering all positions funded through the grant, which must be included in the project files and be available for inspection on request. The job description shall include education, experience, and/or licensing/certification criteria, a description of duties and responsibilities, hours of work, salary range, and performance evaluation criteria. Job description must reflect requirements noted in approved protocols and requirements listed under Applicant’s Responsibilities in Section IV. When hiring staff for this grant project, the applicant shall obtain written documentation of relevant work experience and personal references.
- c. Applicants that use individual contracted workers and or individual consultants must have signed and dated written contractual agreements maintained in a contract file.
- d. The applicant shall maintain an individual personnel file for each project staff member that contain the application for employment, professional and personal references, applicable credentials/certifications, a signed drug free workplace statement, records of required medical examinations, personnel actions including time records, documentation of all training received, notation of any allegations of professional or other misconduct, and the applicant's action with respect to the allegations, date and reason if terminated from employment. Personnel files should be available to the Administrative Agency upon request;
- e. The applicant shall provide orientation sessions for each staff member with respect to administrative procedures, program goals, policies and practices to be adhered to under the grant agreement. The applicant shall identify a person to serve as an ombudsman/liaison to the EMA wide PWA advocacy project.
- f. The applicant shall provide evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services (i.e., treatment modalities, change in target populations);
- g. The applicant shall maintain a current organizational chart that displays organizational relationships and demonstrates who has responsibility for administrative oversight and clinical supervision for each priority service activity;



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- h. The applicant shall obtain advance approval in writing from the jurisdiction's Administrative Agency on any changes in staffing patterns or job descriptions;
 - i. The applicant shall indicate when there are vacant positions or new positions for which there are no staff resumes available; and
 - j. Applicant shall ensure that each staff member's file contains a signed confidentiality form.

2. Memoranda of Understanding (MOU) and Subcontracts with other Organizations

- a. Memoranda of Understanding and subcontracts with organizations must clearly state objectives, goals and quantifiable outcomes that are consistent with the Ryan White Care Act's terms and conditions as required by the applicable jurisdiction.
- b. All Memoranda of Understanding and subcontracts with organizations must be signed and dated by both parties within the past six months and include an effective term that reflects the Ryan White YR 17 grant period (March 1, 2007 – February 29, 2008).

3. Facility Requirements

- a. Regulations

The applicant's facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use throughout the duration of the grant agreement. The applicant shall maintain current all required permits and licenses for the facilities. The applicant's failure to adhere to the terms and conditions of the grant agreement shall be a basis for termination of the grant.

- b. Emergency Back-up Site

The applicant shall submit the address of the identified emergency site facility for use as a result of a catastrophic event of the primary facility.

- c. Handicapped Access

All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

- d. Maintenance

The applicant shall provide all supplies and services routinely needed for maintenance and operations of the facility such as security, janitorial services and/ or trash pick-up.



e. Site Control

Applicants are required to provide a description of the location (s) at which services will be provided for each service category they are applying for using the Site Control form (Attachment K).

4. Use of Funds

Applicants shall only use grant funds to support HIV care services and cannot be used to provide cash and or direct financial assistance to individuals with HIV disease or to fund education and training for clients. CARE Act funds can not be used for inpatient, residential, clinical research, clinical trials or needle exchange services.

5. Indirect and Administrative Costs

Budget submissions may include no more than ten percent (10%) of the total budget to support indirect and administrative costs.

An indirect rate is permitted to those organizations with a current locally or federally negotiated indirect cost rate agreement. The maximum of ten percent applies to all organizations, including those organizations with a negotiated indirect cost rate greater than ten percent.

Budget submissions for organizations that do not have a current local or federal indirect cost rate agreement should include specific line items for each indirect cost requested.

6. Certifications and Assurances

Applicants shall complete, sign and return Attachment B1 and B2 “Certifications and Assurances” as listed in Attachment M “Assurance Checklist” and submit all the items in Attachment M in the assurance package.

7. Insurance

The applicant must be able to show proof of all insurance coverage required by law. All applicants that receive a Notice of Intent to Award under this RFA must meet the insurance requirements in Section VII “Jurisdiction Terms & Conditions” within the time frame designated by each Administrative Agency.



8. Audits

At any time before final payment and three (3) years thereafter, the District of Columbia and respective jurisdictional Administrative Agencies may have the applicant's expenditure statements and source documentation audited.



SECTION III SUBMISSION OF APPLICATIONS AND ASSURANCES

Application Submission Requirements

Organizations submitting applications to provide services in Suburban Maryland have the option of submitting their applications electronically, excluding the Appendices. All Assurance packages and Appendices must be submitted in hard copy. Organizations submitting applications to provide services in the District of Columbia and Suburban Virginia must submit their applications in hard copy.

1. Hard Copy Submission

A total of five (5) **UNBOUND** applications are to be submitted. Each of the applications must be in an individual sealed envelopes. **Of the five (5) envelopes, one (1) must be an original and four (4) must be copies.** A completed Attachment A 1 must be affixed to the outside of each of the envelopes. Each service category requires its own application and must have one (1) original and five copies.

***Example:** If your organization is applying to receive funding in two (2) service categories, your organization must submit a total of ten (10) individual sealed envelopes.*

Applications that do not conform to these requirements will not be reviewed. Telephonic and facsimile submissions **will not be accepted.**

2. Electronic Submissions (Suburban Maryland Only)

The application must be in **PDF format**, saved in a folder titled, “Organization Name – Service Category.” A completed Attachment A2, or all the information required by Attachment A2, must be inserted in the message section of the electronic submission. “RFA Year 17 – Organization Name” must appear on the subject line. Each service category requires its own application and must be saved and submitted in its own folder.

Example: If your organization is applying to receive funding in two (2) service categories, your organization must submit a total of two (2) individual folders, each titled with the organization name and service category.

Assurance Package Submission Requirements

A total of two (2) **UNBOUND** assurance packages are to be submitted. Each of the two (2) sets of assurances must be in an individual sealed envelope. **Of the two (2) envelopes, one (1) must be an original and one (1) must be a copy.** Attachment B1 and B2 and all of the certifications, affidavits and required documents listed in Attachment M must be included in the Assurance Package. A completed Attachment A 1 must be affixed to the outside of each sealed envelope.



ONLY TWO (2) ASSURANCE PACKAGES SHOULD BE SUBMITTED FOR EACH ORGANIZATION.

***Example:** If your organization is applying to receive funding in two service categories, your organization must submit a total of ten (10) individual sealed application envelopes, BUT ONLY TWO (2) COMPLETE ASSURANCE PACKAGES (ONE ORIGINAL PLUS ONE COPY).*

Telephonic and facsimile submissions **will not be accepted.**

ORGANIZATIONS THAT SUBMIT INCOMPLETE ASSURANCE PACKAGES MAY NOT HAVE THEIR APPLICATION(S) CONSIDERED FOR FUNDING.

Application and Assurance Package Submission Date and Time

Applications and Assurance Packages are due no later than **5:00 pm, on October 17, 2006.** All applications and Assurance Packages will be recorded upon receipt. Applications and/or Assurance Packages **submitted at or after 5:01 p.m.,** October 17, 2006, will not be reviewed. No additions or deletions to an application will be accepted after the deadline.

(VA Only)Applications and Assurance Packages are due no later than **5:30 pm, on October 17, 2006.** Applications and/or Assurance Packages **submitted at or after 5:31 p.m.,** October 17, 2006, will not be reviewed.

Application Submission Locations

1. Hard Copy Submission

The five (5) applications **must be delivered to the appropriate jurisdiction from which you are requesting funds.**

For District of Columbia Services (detailed in Section IV, Part II), submit applications to:

**Department of Health/Administration for HIV Policy and Programs
64 New York Ave, NE
5th Floor, Suite 5001
Washington, DC 20002
Attention: T'Wana L. Holmes**

For Suburban Maryland Services (detailed in Section IV, Part III), submit applications to:

**Prince George's County Health Department
Ryan White Program
1701 McCormick Drive, Suite 210**



**Largo, Maryland 20774
Attention: Olive Majors**

For Suburban Virginia Services (detailed in Section IV, Part IV), submit applications to:

**Northern Virginia Regional Commission
3060 Williams Drive, Suite 510
Fairfax, VA 22031
Attention : Stacie Balderston**

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services **must be** sent in sufficient time to be received by the 5:00 p.m., deadline, October 17, 2006, at the above location. Applications arriving via messenger/ courier services after the posted deadline of **5:00 pm, October 17, 2006**, will not be accepted.

(VA Only)Applications and Assurance Packages are due no later than **5:30 pm, on October 17, 2006**. Applications and/or Assurance Packages **submitted at or after 5:31 p.m.**, October 17, 2006, will not be reviewed.

Administration for HIV Policy and Programs, Ryan White Program must accept and sign for the application(s) and assurance packages for them to be considered received.

Prince George's County Health Department, Ryan White Program staff must accept and sign for the application(s) and assurance packages for them to be considered received.

Northern Virginia Regional Commission, Ryan White Program staff must accept and sign for the application(s) and assurance packages for them to be considered received.

2. Electronic Submission (Suburban Maryland Only)

Applications for Suburban Maryland Services (detailed in Section IV, Part III), excluding the Appendices, **may be e-mailed to:**

RyanWhiteTitle1@co.pg.md.us

Electronic submission is voluntary. The Administrative Agency is not responsible for technical difficulties. This includes submissions not received or not received in their entirety. The Administrative Agency strongly recommends that applicants choosing to submit an electronic application do so well in advance of the closing date and time so that in the event of any difficulties, the applicant will still be able to submit a hard copy by the closing date and time.



There is no advantage or disadvantage to organizations that choose to submit electronically. Electronic submission is offered as a service to those who may find it to be more convenient.

For applications submitted electronically during business hours, you will receive an acknowledgement (via e-mail) within three hours of submission. For applications submitted electronically after business hours or on weekends, you will receive an acknowledgement (via e-mail) by the close of business on the next business day.

Appendices must be submitted in hard copy with the Assurance Package.

Assurance Package Submission Location

The two (2) Assurance Packages (sets of Certifications and Assurances listed on Attachment M) must be delivered to the appropriate jurisdiction from which you are requesting funds.

For District of Columbia Services (detailed in Section IV, Part II), submit Assurance Packages to:

**Department of Health/Administration for HIV Policy and Programs
64 New York Ave, NE
5th Floor, Suite 5001
Washington, DC 20002
Attention: T'Wana L. Holmes**

For Suburban Maryland Services (detailed in Section IV, Part III), submit Assurance Packages to:

**Prince George's County Health Department
Ryan White Program
1701 McCormick Drive, Suite 210
Largo, Maryland 20774
Attention: Olive Majors**

For Suburban Virginia Services (detailed in Section IV, Part IV), submit Assurance Packages to:

**Northern Virginia Regional Commission
3060 Williams Drive, Suite 510
Fairfax, VA 22031
Attention : Stacie Balderston**



SECTION IV PROGRAM SCOPE I

PART I - ELIGIBLE METROPOLITAN AREA WIDE SERVICES (EMA)

A. Service Category OTT - SERVICE PRIORITIES FOR THE ELIGIBLE METROPOLITAN AREA (EMA)

Applicants responding to these EMA services must submit their application to the District of Columbia.

Service Category OTT-5 - Minority AIDS Initiative (MAI) – Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Funds for this program come from the Congressional Black Caucuses Minority AIDS Initiative (MAI). Preference will be given to Minority organizations or organizations with a history of providing services to minority communities as reflected in Attachments D and F- Culturally Competent Services. Organizations applying for MAI funds will be assessed using the National Standards for Culturally and Linguistically Appropriate Services in Health Care (available online at <http://www.omhrc.gov/CLAS>) developed by the Office of Minority Health of the U.S. Department of Health and Human Services. Minority organizations are defined by the Health Resources Services Administration as: Organizations where more than 50% of the Board of Directors, staff, and management are composed of minorities disproportionately represented in the AIDS epidemic according to local epidemiological data. Disproportionately represented minorities are: African-Americans, Hispanics, and Asian-Pacific Islanders.

Preference will be given to a single provider, if multiple applicants are funded, they will be required to coordinate services through the development of a coordinated work-plan post award.

Approximately \$ 75,000 in Ryan White MAI funds is available to fund one (1) provider in this service category.

Minority AIDS Initiative (MAI) funds are to be used by providers who demonstrate the following:



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1. **The applicant is responsible for fulfilling all of the applicant responsibilities listed under Service Category 1 - Primary Medical Care in the District of Columbia Scope of Work section.** In addition,
 2. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.
 3. The applicant must be located in or near the targeted community intending to be served. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 4. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 5. The applicant will provide evidence of how 80% of new clients have accessed and remained in care from District of Columbia, Suburban Maryland, Suburban Virginia and West Virginia.
 6. The applicant will show evidence of outreach efforts that have resulted in new clients receiving primary medical care and other core clinical services.

The following are the other requirements of this service category:

- 1) Applicants must be located in the Eligible Metropolitan Area (EMA). The applicant is responsible for providing outpatient primary medical services to communities of color.
- 2) Preference will be given to applicants whose staffs are Spanish speaking and culturally sensitive to the needs of Latino's with HIV/AIDS.
- 3) Preferably the location of services should be in areas where there is a high concentration of Latino/a.



SECTION IV PROGRAM SCOPE

PART II DISTRICT OF COLUMBIA

This section provides specific requirements for applicants who wish to provide services in the District of Columbia

Applicants must complete a Table A: Scope of Work, identifying the service category, total number of clients to be served, service units to be delivered and service category request amount. Refer to Attachment H (Table A guidance for a listing of appropriate service units for each service category). Additionally, applicants must complete and submit Attachment J (client demographic form) for each service category. For Medicaid covered services, applicant will be expected to show evidence of Medicaid certification or application for certification.

Ryan White CARE Act funds are always the funds of last resort. Ryan White funds can not be used to pay for services reimbursable by private insurance, Medicaid or Medicare.

Service Category 1 Outpatient Primary Medical Care

Ambulatory outpatient medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. This includes, diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's Health Service guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Preference will be given to applicants who can demonstrate the capacity to provide HIV/AIDS primary medical care by utilization of the Chronic Care Model (CCM). CCM focuses on containing the disease, slowing its progression, managing its symptoms and improving quality of life through six interrelated components identified as: community resources and policies; health systems; self-management support; delivery system design; decision support and clinical information systems. CCM represents a major shift from the reactive, acute-illness approach to a more systematic proactive-patient approach. (See <http://hab.hrsa.gov/publications/march2006/>)

Approximately \$ 3,579,638 in Ryan White funds will be available to fund up to twelve (12) providers in this service category.

Applicant Responsibilities:



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1. The applicant is responsible for providing outpatient HIV/AIDS medical care services directly or arranging for the delivery of the following:
 - a. Baseline examinations, including pelvic exams.
 - b. Medical monitoring and treatment including establishing the CDC approved HIV disease staging classification system.
 - c. Non-physician nursing visits. These type of visits refers to medical follow up treatment ordered by the physician can be administered by the Nurse or qualified personnel without being first seen by the physician.
 - d. Supportive and diagnostic laboratory services, including MRI, X-rays, CD4+, viral loads, resistance testing and OB/GYN lab tests i.e., pap smears (rectal and vaginal), colonoscopy and vaginal discharge panel.
 - e. Sub-specialty consultations and follow-up sub-specialty care.
 - f. TB screening.
 - g. Chest x-rays as necessary for symptomatic PLWHIV/As suspected of being anergic.
 - h. Referral to TB control programs for following-up and treatment as necessary, including x-rays for anergic individuals.
 - i. All primary medical service providers must demonstrate the ability to link clients with dental, nutritional, mental health, and substance abuse counseling and case management.
 - j. Hepatitis A, B and C screening and Hepatitis A and B vaccine.
 - k. Treatment education and medication adherence monitoring.
 2. The applicant is responsible for demonstrating provision of comprehensive services and coordinating with other service providers.
 3. The applicant is responsible for ensuring referral arrangements or direct provision for sub-specialty care including, but not limited to ophthalmology, radiology, oncology, gynecology and cardiology.
 4. The applicant is responsible for entering into cooperative arrangements (not a contractual agreement) with hospitals to assure availability of outpatient diagnostic and sub-specialty care, facilitate admission to acute, inpatient care for clients, and provide a mechanism for



post-discharge follow-up. Such arrangements are designed through linkages to offer a continuum of care to clients from the earliest stages of disease through the final stages.

5. The applicant is responsible for ensuring that medical care services provided meet the standards of the Planning Council approved primary medical protocols and the U.S. Public Health Services Guidelines for the care of HIV infected persons. Copies of the current guidelines can be found on the HIV/AIDS Treatment Information web site at <http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&Search=Off&GuidelineID=7&ClassID=1>. The guidelines are called Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents.

6. The applicant is responsible for including, in an appendix, protocols of care for the populations they intend to serve, including specific protocols for women and children where applicable.

Special consideration will also be given to applicants who offer appointments/services after normal working hours and/or on weekends, to increase access for patients who cannot leave work for frequent medical appointments.

7. The applicant is responsible for prescribing HIV/AIDS Related Medications as indicated to individuals that demonstrate a medical need and ensure that protocols identify the laboratory tests required to establish a baseline for the types and frequency of follow up tests. Co-located outpatient medical care is the preferred approach for women and their children.
8. The applicant is responsible for providing management and monitoring of drug therapies.
9. The applicant is responsible for developing agreements, which ensure that services requested for persons in shelters, congregate living facilities, community resident facilities (CRFs), and day treatment facilities including primary care, skilled nursing, personal care services, meals and nutrition services are rendered.
10. The applicant will establish a clinical management plan that at least addresses subjective, objective and assessment information for confirming HIV infection and staging, that includes the plan for treatment, implementation of the treatment course and evaluation that indicates the results of short or long term treatment (i.e., injections, diet, etc.) initiation
11. Applicant is responsible for development of a treatment triage plan that includes provisions for addressing any delay of access to primary medical care.
12. Applicants providing primary medical care must have a “Medication Adherence Support Policy” that:
 - a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.



- b. Defines the roles and responsibilities of the client and each provider partnered in the care of the client (e.g. primary care providers, case managers, nutritionist, mental health professionals, substance abuse counselors, and other staff or volunteers).
 - c. Outlines required documentation in the client record (s) of the coordination and communication among providers and the client in the development and implementation of the medication adherence support plan.
 - d. Monitor the progress of medication, side effects of medication, and adherence to medications.
13. The Applicant is responsible for ensuring laboratory price list used for billing of specimen results will be submitted to AHPP prior to the first invoicing for lab work completed and will become a part of the grant agreement to establish a price listing for reimbursement. Applicants that provide in-house lab tests will also provide a list of all tests that can be performed within the organization along with a price list schedule. All requests for reimbursement will be subject to an audit at the discretion of AHPP and should be based on local government rates.
14. Sub-Grantee is responsible for ensuring current medical staff, physicians including infectious disease specialists or planned medical staff for proposed services meet educational/experience criteria for providing services.
15. The Sub-Grantee is responsible for ensuring PMC providers (clinicians, physicians, medical related staff) attend mandatory and periodic trainings sponsored by AHPP and approved training programs.
16. In compliance with the guidelines published by HRSA on June 26, 1995 entitled "ADV Therapy for Reducing Prenatal HIV: Implementation for HRSA-Funded Programs", Ryan White vendors must collect the following data on pregnant women served:

Number of HIV+ Women Pregnant Served under Ryan White Title I during GY 2004.
Number of Women in (1) who received AZT treatment information and recommendations.
Number of Women in (2) who accepted AZT treatment.
Number of Women in (3) who completed treatment through 6 weeks post-partum.

Service Category 1a. Minority AIDS Initiative (MAI) - Outpatient Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.



Approximately \$ 888,542 in Ryan White (MAI) funds will be available to fund up to five (5) providers this service category.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **service category 1 Outpatient Primary Medical Care** above. In addition:
2. The applicant must address their knowledge of and their ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant must identify or document their history of providing services to the targeted community.
 - c. The applicant must address their ability to provide linkages to other similar services so that they can help close the gap in access for highly impacted communities of color.
 - d. The applicant must address their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 2 Case Management

Case management is defined as effective coordination of primary medical, psychosocial, support services, and referrals for appropriate entitlements. The goal of case management is to assure the independent functioning and adherence to treatment plans of clients for as long as possible. Case management plans are developed for individual clients and are based on an assessment of the person's needs and availability of resources. Emphasis should be on ensuring the timely access to services that are culturally and linguistically relevant, and sensitive to gender, gender identification, age, and sexual orientation of the client.

Approximately \$ 1,414,348 in Ryan White funds will be available to fund up to sixteen (16) providers in fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for ensuring that case management staff provide entitlements counseling and assistance with entitlements to assure eligible clients receive entitlements.
2. The applicant is responsible for assuring that a case manager or staff designee screen clients for all third party payer sources including, but not limited to Medicaid, Medicare, ADAP and



private insurance. The applicant is responsible for ensuring the case manager or designee complete and submit the Medicaid applications for eligible clients. This needs to be conducted at intake and every six months thereafter.

3. The applicant is responsible for maintaining documentation of the status of Medicaid, Medicare and AIDS Drug Assistance Program (ADAP) applications for all Ryan White eligible clients.
4. Case managers are responsible for providing to clients the following: informing clients of their rights to receive quality services, agency and EMA wide grievance process, services offered by the agency and other available community and Ryan White resources.
5. The applicant is responsible for describing the extent to which medical case management is conducted.
6. The applicant is responsible for ensuring that case management services address specific populations including particular needs of women.
7. The applicant is responsible for demonstrating experience providing case management to persons with HIV/AIDS and employing culturally competent staff which reflect the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) they expect to serve.
8. The applicant is responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians and community organizations, HIV/AIDS service providers, the pre-released discharge planners in the correctional system, as well as individuals and self-referrals.
9. The applicant is to assess whether clients receive medical care. If client is not receiving medical care, the case manager or staff designee shall schedule an appointment for client.
10. The applicant is to conduct a psychosocial assessment for all clients.
11. The applicant is responsible for ensuring that:
 - a. Case management plans are developed with the active participation of the client.
 - b. Clients sign the case management plan with other providers providing services to client
 - c. The service plan is based on the information gathered during the needs assessment.
 - d. The service plan shall include specific goals and objectives with defined activities.



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12. Applicant shall ensure service plans consider the different needs of clients and the capability of clients to meet his/her own needs; integration of services into plan and; must provide for immediate referral to counseling for clients presenting in a state of crisis, fear, anxiety, rage and or emotions requiring immediate psychosocial support; and should indicate what providers are currently in place in the event of a client crisis.
 13. The client case management plan developed by the case manager shall ensure integration of services.
 14. The plan shall include explanation of efforts to ensure the systematic coordination of a multi-disciplinary approach to ensure all needs are being met and that all persons, and or institutions impacting on the client are involved, as appropriate.
 15. The applicant is responsible for adhering to the EMA –wide Case Management Protocols standards for client/case manager ratio.
 16. The applicant is responsible for identifying the number of clients based on case management levels including existing and proposed staff-to-client caseload ratios and required qualifications for professional case managers.
 17. The applicant is responsible for describing and ensuring the highest level of licensure supervision is provided to all case managers. Applicants must describe current staffing, or planned staffing for the proposed service and the educational/experience criteria used in employing the current or planned staff.
 18. The applicant is responsible for developing an agency and client crisis plan for all clients.
 19. The applicant is responsible for attending quarterly case management training sessions, monthly jurisdictional case management meeting, and monthly Case Management Operating Committee (CMOC) meetings.
 20. Applicants providing primary medical care or medical case management must have a “Medication Adherence Support Policy,” that:
 - a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.
 - b. Defines the roles and responsibilities of the consumer and each provider partnered in the care of the consumer (e.g. primary care providers, case managers, nutritionist, mental health professionals, substance abuse counselors, and other staff or volunteers).
 - c. Outlines required documentation in the consumer record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.



Service Category 2a Minority AIDS Initiative - MAI Case Management

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 228,467 in Ryan White (MAI) funds will be available to fund up to five (5) providers in this service category.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 2 Case Management** above. In addition:
2. The applicant must address their knowledge of and their ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant must identify or document their history of providing services to the targeted community.
 - c. The applicant must address their ability to provide linkages to other similar services so that they can help close the gap in access for highly impacted communities of color.
 - d. The applicant must address their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 3 Oral Health

Oral health services are provisions of care designed to ensure access to and management of comprehensive oral healthcare. Oral health is integral to primary medical care for all clients with HIV/AIDS and is provided by general dental practitioners, dental hygienists and auxiliaries, dental specialists and other similar professional practitioners. Services include: dentures essential for the maintenance of health, diagnostic, preventative, prophylactic, therapeutic and other specialty care required in the event of unforeseen medical conditions such as hemorrhage, infection or trauma. Cosmetic procedures and restorations are not allowable unless they are medically necessary to alter, restore or maintain occlusion (close mouth) or nutrition.



Cosmetic dentistry services will not be funded. Dentures essential for the maintenance of health will be included.

Approximately \$ 715,744 in Ryan White funds will be available to fund up to three (3) providers this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing ongoing dental care for people with HIV/AIDS, including prophylactic, diagnostic, and therapeutic dental services provided by dentists, dental hygienists, and other professional practitioners.
2. The applicant is responsible for demonstrating the capacity to provide routine dental care including periodic oral cavity evaluations and cleaning by a dental hygienist and examination by a dentist.
3. The applicant is responsible for describing how it will directly provide, or through referral, culturally sensitive care and services, including linguistically competent services to clients with HIV/AIDS.
4. The applicant is responsible for providing services that include routine general and preventive dental services, initial examinations, cleanings, fillings, extractions, root canals, periodontal and orthodontic treatment, or have linkages to referral sources to provide portions of services not provided by applicant.

Service Category 3a Minority AIDS Initiative - MAI Oral Health

Oral health services are provisions of care designed to ensure access to and management of comprehensive oral healthcare. Oral health is integral to primary medical care for all clients with HIV/AIDS and is provided by general dental practitioners, dental hygienists and auxiliaries, dental specialists and other similar professional practitioners. Services include: dentures essential for the maintenance of health, diagnostic, preventative, prophylactic, therapeutic and other specialty care required in the event of unforeseen medical conditions such as hemorrhage, infection or trauma. Cosmetic procedures and restorations are not allowable unless they are medically necessary to alter, restore or maintain occlusion (close mouth) or nutrition.

Approximately \$ 81,341 in Ryan White funds will be available to fund up to two (2) providers in this service category.

Cosmetic dentistry services will not be funded. Dentures essential for the maintenance of health will be included.

Applicant Responsibilities:



1. Applicants must fulfill the entire applicant responsibilities listed under **service category 3 Oral Health** above. In addition:
2. The applicant must address their knowledge of and their ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant must identify or document their history of providing services to the targeted community.
 - c. The applicant must address their ability to provide linkages to other similar services so that they can help close the gap in access for highly impacted communities of color.
 - d. The applicant must address their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 4 Emergency HIV/AIDS Drug Assistance

Applicants shall provide EDAP on an emergency episodic basis that will enable people with HIV/AIDS to receive essential and life saving medications for a time specific period. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to the inability to purchase required medications necessary to sustain life. Eligible persons must be financially unable to obtain needed medication, denied health insurance covering specific medications and or pending Medicaid or ADAP approval. Prescription medications provided through EDAP shall not exceed three (3) months.

Approximately \$ 316,912 in Ryan White funds will be available to fund up to three (3) providers in this service category.

Applicant Responsibilities:

1. The applicant will describe how they will provide emergency HIV/AIDS drug assistance (EDAP) for persons waiting to become eligible for programs that cover HIV/AIDS medications (such as Medicaid). Funds shall be used to cover the costs of prescriptions and associated dispensing fees. Medications covered shall be based on state approved AIDS drug assistance program (ADAP) formularies and include acute opportunistic infections that threaten death, dementia and/or blindness and FDA approved psychotropic drugs.



2. The applicant will describe the process for how they will apportion their budgets throughout the grant year. In establishing the program, several options may be used, including but not limited to a voucher system, pharmacy cards, and designated pharmacy or pharmacists.
3. The applicant with drug dispensing capabilities will show evidence of participation in the Federal 340B program or application to it within 90 days of award.
4. In the program description and in the summary service chart, the applicant will clearly delineate the number of clients to be served, service units to be delivered, and describe the procedures for administering and monitoring the program.
5. The applicant will demonstrate their ability to immediately dispense prescribed medications in accordance with established guidelines.

Service Category 5 Substance Abuse Counseling

Substance abuse outpatient treatment and counseling services are the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol, injection drugs and non injection drugs) provided in an outpatient setting rendered by a physician or under the direct supervisor of a physician, or by other identified qualified personnel.

Approximately \$ 575,444 in Ryan White funds will be available to fund up to eight (8) providers this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient substance abuse treatment and counseling services for persons with HIV/AIDS. Services shall be developed through cooperative agreements and referral networks among primary medical care providers, case management providers, housing programs, mental health services and other existing substance abuse treatment services.
2. The applicant is responsible for providing specific services that include the provision of client assessments and individual, couple, and group counseling. Services are requested for persons with HIV disease who are on waiting lists for entry into traditional substance abuse programs and to assist clients involved with traditional resources to maintain a drug free lifestyle.
3. The applicant must ensure that services developed for this service category are multi-diagnosed clients (e.g., substance abuse, mental illness, and HIV infection) are at a minimum are coordinated and delivered by licensed professional;



4. Services developed for dually diagnosed clients (e.g., substance abuse and HIV infection) are delivered by Certified Supervised Counselors (CSC-AD) or Certified Associate Counselors (CAC-AD) under the supervision of Certified Professional Counselors – Alcohol and Drugs (CPC-AD), or under the supervision of Licensed Clinical Professional Alcohol and Drug Counselors (LCPC); or delivered by CPC-AD or LCPC.
5. The applicant is responsible for demonstrating expertise in the management of persons with HIV and addictions. At a minimum, treatment interventions must consist of an initial interview, substance abuse index assessment, psychosocial assessment, and a treatment plan that outlines long-range goals and interventions for the client.
6. Applicants may not use interpreters in sessions with non-English speaking clients and must demonstrate linkages with culturally and linguistically competent substance abuse counselors and mental health professionals.
7. The applicant shall link clients with other addiction treatment services if there are waiting lists which create a delay in admission. If other such services are not available clients must be apprised of their expected waiting time for admission.
8. The applicant is responsible for demonstrating the ability to competently serve substance abusers with HIV/AIDS, as demonstrated by licensure, expertise of staff, organizational policy, and program design.

Service Category 5a Minority AIDS Initiative- Substance Abuse Counseling

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 142,868 in Ryan White (MAI) funds will be available to fund up to two (2) providers in this service category.

Applicant Responsibilities:

1. Applicants must fulfill the entire applicant responsibilities listed under **service category 5 Substance Abuse Counseling** above. In addition:
2. The applicant must address their knowledge of and their ability to address the specific needs of the MAI target population they propose to serve.



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- a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant must identify or document their history of providing services to the targeted community.
 - c. The applicant must address their ability to provide linkages to other similar services so that they can help close the gap in access for highly impacted communities of color.
 - d. The applicant must address their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 6 Mental Health Therapy Services/Counseling

Mental health services are psychological and psychiatric treatment and counseling services to individuals with HIV and a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such service, which includes psychiatrists, psychologists, clinical psychiatric nurses and clinical social workers.

Approximately \$ 778,821 in Ryan White funds will be available to fund up to nine (9) providers in this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient mental health services, which include diagnostic and treatment services to ensure a continuum of mental health services for HIV infected persons with an emphasis on those persons who are dually or triply diagnosed with HIV and mental illness and/or substance abuse.
2. The applicant is responsible for documenting coordination/referral agreements between professional mental health providers.
3. The applicant is responsible for mental health services that include, but are not limited to, individual, couple, and group psychotherapy and psychiatric, psychological, and/or neuro-psychological assessments, treatment planning and monitoring, and psychopharmacology medications.
4. The applicant may provide group therapy sessions that include professionally facilitated support groups as well as spiritual and bereavement counseling.
5. The applicant must ensure that appropriately licensed and/or certified mental health professionals provide all mental health services. The applicant is responsible for demonstrating how it will assure the provision of culturally and linguistically competent



mental health services to African Americans, Latinos, women, and other ethnic and sexual minorities, either directly or through collaborative agreements with other providers. Mental health providers may not use interpreters in individual psychotherapy sessions or group sessions with non-English speaking clients;

6. The applicant is responsible for ensuring a continuum of care for HIV infected persons in need of mental health services.
7. The applicant is responsible for either providing services on site or demonstrating its capability with linkages to deliver comprehensive mental health services in ambulatory care settings and making referrals for residential or inpatient services.
8. Applicants proposing mental health services for women with infected or affected children shall demonstrate linkages with family centered primary medical care, case management, child care, transportation, permanency planning and legal services.
9. Mental health services shall include, but are not limited to:
 - a. An initial evaluation of HIV infected persons referred, including: eliciting and documenting a comprehensive mental health history establishing mental health status and determination documentation of mental status;
 - b. Devise, prescribe and monitor initial treatment plan, including the use of medication and individual and group psychotherapies;
 - c. Management of the dually and triply diagnosed, including the evaluation and management of persons experiencing adjustment disorders; the emergency evaluation of HIV infected persons for suicidal ideation, and the triage and management of HIV infected persons in mental health crisis;
 - d. Documentation of clinical therapeutic activities;
 - e. Spiritual and bereavement counseling;
 - f. Monitoring of HIV infected persons who are taking psychotropic drugs and the effects of medication on the client;
 - g. Supervision of all mental health staff; and
 - h. Provision of professionally facilitated support groups for people with HIV/AIDS.
10. The applicant services shall include support groups led by professional therapists such as clinical social workers, psychiatrists, psychologists, or psychiatric nurses. Support group interventions shall be based on specific treatment goals.



11. The applicant is responsible for assisting with scheduling, space arrangements and other activities related to organizing support group meetings. Support groups may be scheduled or provided on an as needed basis.

Service Category 6a MAI Mental Health Therapy Services/Counseling

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 127,924 in Ryan White (MAI) funds will be available to fund up to three (3) providers in this service category.

Applicant Responsibilities:

1. Applicants must fulfill the entire applicant responsibilities listed under **service category 6 Mental Health Therapy Services/Counseling** above. In addition:
2. The applicant must address their knowledge of and their ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant must identify or document their history of providing services to the targeted community.
 - c. The applicant must address their ability to provide linkages to other similar services so that they can help close the gap in access for highly impacted communities of color.
 - d. The applicant must address their ability to provide services in a manner that is culturally and linguistically appropriate.

Direct Emergency Financial Assistance (Applies to service categories 7, 8, 9, and 13)

Applicants shall provide emergency episodic financial assistance for people with HIV/AIDS. This assistance involves the provision of funds to redress the financial crises faced by Persons Living with HIV/AIDS (PLWH) with emergency situations which could result in eviction for non-payment of rent, disconnection of telephone service or utilities, lack of food or



transportation to or from medical /clinical or case management appointments. The emergency financial assistance services include **emergency rental assistance, first months rent or security deposits; moving expenses; emergency utilities (gas, electric, oil and water) /telephone services; emergency food vouchers; emergency transportation assistance and personal hygiene products.**

This service category is not intended to replace other federal or District Programs for low-income HIV positive district residents on an on-going basis. This program is not an **entitlement** program for HIV positive persons but based on specific eligibility requirements. Applicant shall provide established documented linkage with case management providers. All services require screening and referral by a case manager.

Service Category 7 Assisted Transportation

Approximately \$ 197,542 in Ryan White funds will be available to fund up to four (4) providers in this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing transportation services to medical/clinical appointments for **non-Medicaid** eligible clients with HIV/AIDS..
2. The applicant is responsible for utilizing leased vans with drivers, a taxi voucher system, fare cards for public transportation, metro rail passes, disability commuter tickets, reimbursement's to family/friends for mileage and parking or a combination of approaches. These funds are not for the purchase of vehicles.
3. The applicant is responsible for providing appropriate modes of transportation for HIV disabled persons needing assistance or wheelchair accommodations.
4. The applicant is responsible for demonstrating coordination with other HIV service providers.
5. Applicants proposing to reimburse family/friends for mileage or parking shall demonstrate internal mechanisms that will track and assure the validity of the reimbursement.
6. Special consideration will be given to applicants who demonstrate an ability to improve transportation services for clients with dependent children.
7. The applicant shall develop a policies and procedures manual which describes and establish mechanism in place for services.
8. The applicant shall ensure appropriate supporting documentation for services include:



- HIV/AIDS diagnosis
- DC residency
- Income < 300% Federal Poverty Level(FPL)

Service Category 8 Food Voucher

Approximately \$ 224,471 in Ryan White funds will be available to fund up to four (4) providers in this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing food vouchers to individuals living with HIV/AIDS to be used for food and personal care items on an emergency basis. There is a **\$300** cap for emergency food per client/household per year. A cap for families not to exceed **\$700** per family/per year.
2. The applicant is responsible for ensuring an application that includes the emergency situation, an assessment, and a financial plan. The applicant should have on file a long term strategy that ensures following this assistance, the client's emergency need will be stabilized.
3. The applicant shall ensure eligible HIV positive individuals with dependent children the ability to access this service. A guardian for a HIV positive child can apply for service on behalf of the child.
4. Applicant's main criteria for this service is the inability to secure food.
5. The applicant shall develop policies procedures which describe eligibility criteria, income level, any limits and maximum allowances.
6. Applicant shall ensure vouchers for food may be redeemed at one or more local grocery store chain or markets. The vouchers must state a restriction of the purchase of tobacco and alcoholic beverage products.
7. The applicant is responsible for ensuring that clients receiving food vouchers are linked with appropriate nutritional counseling offered by a registered dietitian with experience working with the HIV/AIDS community.
8. The applicant shall ensure appropriate supporting documentation for services include:
 - HIV/AIDS diagnosis
 - DC residency
 - Income < 300% Federal Poverty Level(FPL)



Service Category 9 Rental Assistance

Approximately \$ 349,444 in Ryan White funds will be available to fund up to four (4) providers in this service category.

1. The applicant is responsible for providing emergency housing and related assistance enabling people with HIV/AIDS to remain in their own homes. Emergency financial assistance involves the provision of funds to creditors to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to homelessness. There is a **\$1300** cap for emergency rental assistance per client/household per year.
2. The applicant is responsible for providing financial assistance in the form of vouchers or through direct payment to vendors providing housing for people living with HIV/AIDS.
3. The applicant shall ensure appropriate supporting documentation for services include:
 - HIV/AIDS diagnosis
 - DC residency
 - Income < 300% Federal Poverty Level(FPL)
4. The applicant shall develop a policies and procedures manual describing criteria for access, limits, and required documents for services.
5. The applicant shall use funds to pay for moving expenses, first months rent and or security deposit not to exceed **\$1,000**.
6. Applicant shall ensure subsidized clients are ineligible for this service.
7. The applicant is responsible for ensuring an application that includes the emergency situation, an assessment, and a financial plan. The applicant should have on file a long term strategy that ensures following this assistance, the client's emergency need will be stabilized.

Service Category 10 ADAP not funded in this RFA

Service Category 11 Home Delivered Food (meals, groceries, nutritional supplement)

Home Delivered Food is defined as the collection and delivery of prepared meals, perishable and nonperishable food items, personal care and/or household items, condiments, and nutritional supplements for persons living with HIV/AIDS and their dependents that are homebound or shelter bound or unable to prepare meals for themselves or access other food programs like food banks. Priority should be given to homebound or shelter bound clients, clients with dependent children, low-income clients, and clients in substance abuse and mental health programs. It does not include finances to purchase food or meals.



Approximately \$ 779,473 in Ryan White funds will be available to fund up to two (2) providers in this service category.

Applicant Responsibilities:

1. The applicant is responsible for ensuring services are developed with the supervision of a registered dietician and whenever possible plans should be coordinated with the clients' caregivers, case managers, etc. Linkages with referrals to other food programs should be established to minimize duplication of services.
2. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. If waiting lists exist for services, the applicant must describe how such lists will be administered.
3. The applicant is responsible for demonstrating an ability to recognize food safety concerns, including:
 - a. Dented cans or previously opened food items.
 - b. Maintenance of perishable food items during storage and delivery.
 - c. Expired items.
4. The applicant is responsible for ensuring food handling practices meet the food safety standards as determined by the appropriate jurisdictional Department of Health.
5. The applicant is responsible for providing a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's Department of Health. Applicants must provide information on safe drinking water on a regular basis as part of ongoing services. The applicant is responsible for describing its plan to provide clients with information regarding safe drinking water.
6. The applicant is responsible for ensuring home-delivered groceries operate on a weekly basis and provide a sufficient amount of food for a week's worth of meals. Groceries should include:
 - a. Nutritional supplements to prevent or treat wasting syndrome.
 - b. Food or special diets including diabetic, renal, vegetarian, as well as religious and personal preferences.
 - c. Fresh fruits and vegetables.



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- d. Food that demonstrates sensitivity to ethnic and cultural food preferences for minority populations.
 7. The applicant is responsible for providing a plan for the preparation and delivery of at least one meal daily that meets 100% of the dietary requirements of homebound or shelter-bound persons with HIV disease. The plan for service should include:
 - a. Clinical diets, such as soft, liquid foods or extra portions and should take into consideration any special needs related to diagnostic testing, chronic diarrhea, and other conditions related to HIV disease.
 - b. Supplements to prevent and treat wasting syndrome.
 - c. Provision of fresh fruits and vegetables.
 8. The applicant is responsible for demonstrating how it will refer clients in outlying areas (out of the delivery area) to other resources and services.
 9. The applicant is responsible for defining and describing its delivery areas and demonstrating the ability to provide services in a timely manner to those areas.
 10. Applicants proposing to provide nutritional supplements only are responsible for:
 - a. Describing their process for collecting and delivering supplements;
 - b. Ensuring that the plan for distribution of supplements is supervised by a registered dietician; and
 - c. Demonstrating linkages with, and process for referral to, other food programs.
 11. The applicant is responsible for providing services to sustain and expand home delivered meals to people with HIV/AIDS with an emphasis on both dietary and cultural food preferences.
 12. The applicant is responsible for providing home delivered meals, which shall include the delivery of prepared foods, nutritional supplements, and vitamins to homebound individuals (make "homebound" thru-out) and their dependents who are unable to prepare meals for themselves. Services will be targeted to home or shelter bound individuals.
 13. Services shall include coordination and distribution of medically prescribed dietary supplements.



Service Category 12 Food Bank, Filtered Water, Hygiene Products

Food bank services are defined as the provision of food items, feminine hygiene products and filtered water, including nutritional supplements and grocery vouchers distributed at community-based distribution sites.

Approximately \$ 431,560 in Ryan White funds will be available to fund up to four (4) providers in this service category.

Applicant Responsibilities:

The first priority is for those persons with HIV/AIDS without sufficient access to other food or filtered water resources.

1. The applicant is responsible for specifying the organizational structure and mechanisms for obtaining, storing, and distributing foods and/or filtered water.
2. The applicant is responsible for ensuring food banks provide food items identified as meeting the basic American Dietetic Association recommended dietary requirements, including fresh produce, poultry and fish.
3. The applicant is responsible for ensuring food bank services include a mechanism for the delivery of food and/or filtered water to the homebound.
4. The applicant is responsible for demonstrating sensitivity to ethnic and cultural food preferences for specific groups targeted by the Planning Council.
5. The applicant is responsible for providing a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's Department of Health.
6. Applicant must provide information on safe drinking water on a regular basis as a part of ongoing services.

Service Category 13 Utility/Telephone Assistance

Approximately \$ 200,661 in Ryan White funds will be available to fund up to four (4) providers in this service category.

Applicant Responsibilities for Utility/Telephone Assistance:

1. The applicant shall ensure appropriate supporting documentation for services include:



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- HIV/AIDS diagnosis
 - DC residency
 - Income < 300% Federal Poverty Level(FPL)
2. The applicant is responsible for ensuring an application that includes the emergency situation, an assessment, and a financial plan. The applicant should have on file a long term strategy that ensures following this assistance, the client's emergency need will be stabilized.

Applicant Responsibilities for Utility Assistance:

1. The applicant is responsible for providing financial assistance on an emergency episodic basis that will enable people with HIV/AIDS to remain in their own homes. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to homelessness. Financial assistance may be in the form of vouchers or through direct payment made to vendors providing utilities, housing and/or telephone service for people living with HIV/AIDS.
2. Applicants shall ensure client has been for eligibility and, if appropriate, refer utility assistance programs prior to accessing this service funds.
3. The applicant is responsible for providing a copy of policies, which will determine financial and client eligibility criteria including descriptions of limits or maximum allowances.
4. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children.
5. The applicant is responsible for describing how it will coordinate with other providers to accept referrals.
6. The applicant is responsible for maintaining records on voucher payments including documentation containing verifiable information that details who received the payment, the purpose of the payment, and the eligibility criteria for recipients. Enrollment in the applicants other services cannot be a prerequisite for emergency financial assistance.
7. Applicant shall ensure subsidized clients are ineligible for this service.
8. The cap for this service shall not exceed **\$300** per client/per year.

Applicant Responsibilities for Telephone Assistance:

1. The applicant is responsible for designating funds to arrange and coordinate the installation of modified (basic) telephone service to eligible clients on a one-time only basis and to make



an emergency payment for one month's basic telephone service. There is a **\$200** cap for emergency telephone assistance per client/household per year.

2. The applicant is responsible for providing financial assistance in the form of vouchers or through direct payment to vendors providing telephone service for people living with HIV/AIDS.
3. The applicant shall ensure funds may not be used to pay for long distance.
4. The applicant shall ensure funds can be used to pay for cell services provided this is the only means of communication and initial telephone service for clients.

Service Category 14 Nutritional Counseling Services

Nutritional counseling services are defined as the provision of services that identify clients who may be at nutritional risk as a result of HIV related illness. Nutritional statuses are addressed through assessment and screening to determine clients nutritional needs to enhance quality of life. Nutritional management is integral to the care of all HIV-infected clients. Services for nutritional counseling are rendered by a registered dietitian who is a qualified HIV care provider. Key services include follow up and nutritional support, counseling on restrictions, menu planning, supplements, education, and nutritional consultations with other primary health care and supportive service providers. Key services include follow up and nutritional support, counseling on restrictions, menu dietitian and may be outside of primary care settings. Key services include follow up and nutritional support, counseling on restrictions, menu planning, supplements, education, and nutritional consultations with other primary health care and supportive service providers.

Approximately \$ 443,111 in Ryan White funds will be available to fund up to eight (8) providers this service category.

Applicant Responsibilities:

1. The applicant's services are requested to sustain and increase the provision of nutritional support services, defined as nutritional assessments, meal planning, and diet management counseling on an individual basis and/or on a group basis (e.g., group dietary counseling services).
2. The applicant's must conduct an initial Nutritional Risk Screening and complete Baseline Assessment within 2 weeks after intake.
3. The applicant must provide documentation of any food allergies, intolerances, drug/food interactions, eating habits/disorders, ability to feed self and ability to purchase food items.



4. The applicant's nutritional counseling services shall be provided by a licensed registered dietitian and have the goal of developing healthy dietary regimens for people who are HIV positive and give special consideration to a client's drug regiment. Also, information on safe drinking water should be provided.
5. The applicant shall provide services that include culturally appropriate nutrition education as well as referral to food assistance programs such as food stamps, the special supplemental food program for women, infants and children (WIC), the Commodity Supplemental Food Program, food banks, home delivered meals and emergency food.
6. The applicant's nutritional services shall be integrated with outpatient HIV primary medical care programs, wherever possible. Relevant primary medical care information shall be a on-going part of referrals for nutritional counseling.
7. The applicant shall develop nutritional assessments that identify nutritional needs, body lean and normal growth, current medical conditions, stage of illness, lab values, treatment of wasting, management of drug and food or nutrient interactions, safe drinking water needs, nutritional supplemental and vitamin needs.
8. The applicant shall develop and implement a tailored nutritional plan in collaboration with the client and the client's primary care provider and/or case manager and incorporate plan as part of client's care.
9. The applicant shall develop and implement on-going follow-up services to clients determined to show a nutritional need with periodic updates to identify changes in client's nutritional health status.

Service Category 15 Treatment Adherence/Compliance

Treatment adherence services are the provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatment.

Approximately \$ 310,666 in Ryan White funds will be available to fund up to six (6) providers in this service category.

Applicant Responsibilities:

The applicant will serve as an advocate for patient medication compliance with responsibilities for planning, developing and monitoring a client medication adherence program.

1. Describe how plans to ensure improved medication compliance will be developed and executed.



2. Describe how client readiness for medication treatment therapy will be determined and how you will assist the client in addressing their identified needs either directly or through appropriate support services
3. Identify what measure will be put in place to show staff is knowledgeable of medications, side effects and the effects of non-compliance.
4. Explain the process for providing support to clients that will emphasize their responsibility for medical medication compliance. Information will be provided through various methods including written material, consultation and other means.
5. Describe the process for informing clients of the availability, accessibility and benefits of the AIDS Drug Assistance Program.
6. Describe how you will develop indicators to monitor client compliance progress and record results.
7. Explain how you will use collected data to identify and improve client outcomes.

Service Category 16 Outreach/Referral to Primary Medical/Related Services not funded in this RFA

Service Category 17 Early Intervention Services

Early Intervention Services (EIS), are counseling, testing, referral, and information services designed to bring HIV positive individuals who know their status but are not in primary medical care, or who are recently diagnosed and are not in primary medical care into primary medical care through facilitating access to HIV-related health services and the HIV continuum of care.

Applicants responding to this service category will need to explain how they propose to serve target populations within the four quadrants of the District of Columbia. Applicants must target at a minimum one of the four quadrants in the District of Columbia. Applicant must describe how their proposed program will incorporate all four components of this service category.

Approximately \$ 467,171 in Ryan White funds will be available to fund up to four (4) providers in this service category.

Applicant Responsibilities:

1. OUTREACH

- a. The applicant shall describe specific outreach efforts for the targeted communities of which they serve or propose to serve.



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- b. The applicant shall describe the outreach process to identify infected and or affected members of the proposed target community.
 - c. The applicant shall describe how they will get these individuals screened for HIV.
 - d. The applicant shall describe how they will enroll these persons identified as infected into care and treatment.
 - e. The applicant shall explain how the proposed program will not duplicate services provided in your proposed service category and target population.
 - f. The applicant shall describe the indicators by which they propose to measure the effectiveness of the outreach efforts.
 - g. The applicant shall describe how they will follow the data collection and surveillance reporting guidelines set by the department of health (DOH), which includes entering and reporting data through the Program Evaluation Monitoring System (PEMS).
 - h. The applicant shall describe how they will follow the self-evaluation and data-reporting tools developed and/or approved by the Administration for HIV Policy and Programs (AHPP) to conduct process and outcome monitoring for activities funded under this grant.
 - i. The applicant shall explain how they will work collaboratively with AHPP staff to implement and complete evaluation activities, including orientation, training and quality assurance activities provided by AHPP.

2. HIV SCREENING

- a. The applicant shall describe how they will develop and implement a program that serves to increase the number of District residents who know their HIV-status and are not in care and to ensure that they are linked into primary medical care and case management, referred to HIV prevention, STD screening/treatment and supportive programs.
- b. The applicant shall demonstrate how they will give test results at the same location where the tests were administered.
- c. The applicant shall identify the types of test (OraSure, OraQuick, etc.) that will be used and whether they will be anonymous or confidential tests.



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- d. The applicant shall explain how they will ensure that all persons administering HIV screening tests are trained to deliver the tests and have signed a confidentiality statement.
 - e. The applicant must provide a copy of an established agreement with a laboratory for the transport and processing of tests.
 - f. The applicant shall describe their plan to follow up with persons who are HIV infected and do not return for their results.
 - g. The applicant must describe how they will encourage secondary prevention through actions such as self-disclosure to sex partners or needle-sharing partners.
 - h. The applicant shall describe how they will follow the data collection and surveillance reporting guidelines set by the department of health (DOH), which includes entering and reporting data through the Program Evaluation Monitoring System (PEMS).
 - i. The applicant shall describe how they will follow the self-evaluation and data-reporting tools developed and/or approved by the Administration for HIV Policy and Programs (AHPP) to conduct process and outcome monitoring for activities funded under this grant.
 - j. The applicant shall explain how they will work collaboratively with AHPP staff to implement and complete evaluation activities, including orientation, training and quality assurance activities provided by AHPP.

3. LINKAGE TO PRIMARY MEDICAL CARE AND OR CASE MANAGEMENT

- a. The applicant must describe how they will schedule and providing any persons testing positive for HIV with either a primary medical care or case management appointment at the time results are given.
- b. The applicant must describe how they will create a client plan to ensure that persons who are infected and know their status are aware of and linked into primary medical care services, case management, and other appropriate treatment programs.
- c. The applicant must describe how they will provide linkages to primary medical care and case management service to those who test positive within 21 days of delivering results. Of particular importance, referral for appropriate medical evaluation and clinical care, such as CD4 monitoring; viral load testing; antiretroviral therapy; and prophylaxis and treatment of opportunistic infections. The sub-grantee must ensure that HIV positive individuals are referred, as needed, to the following services: oral health care, mental health care, substance abuse treatment, nutritional services, specialty medical care and other health services.



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- d. The applicant must describe how they will ensure client transportation to primary medical care and or case management services appointments.
 - e. The applicant must establish a feedback mechanism between themselves and the agency/agencies providing the medical and support services. The established mechanism should be designed to track HIV infected individuals for follow up on linkages and referrals and ensure that clients were able to obtain needed services.
 - f. For individuals who preliminarily test positive, the applicant must provide referrals to appropriate prevention and risk reduction programs such as Comprehensive Risk Counseling Services (CRCS).
 - g. The applicant shall describe how they will follow the data collection and surveillance reporting guidelines set by the department of health (DOH), which includes entering and reporting data through the Program Evaluation Monitoring System (PEMS).
 - h. The applicant shall describe how they will follow the self-evaluation and data-reporting tools developed and/or approved by the Administration for HIV Policy and Programs (AHPP) to conduct process and outcome monitoring for activities funded under this grant.
 - i. The applicant shall explain how they will work collaboratively with AHPP staff to implement and complete evaluation activities, including orientation, training and quality assurance activities provided by AHPP.

4. COUNSELING

- a. The applicant shall explain how they will develop developing written guidelines and policies for the provision of counseling, testing, and linkage/referral services at your agency.
- b. The applicant shall explain how they will provide counseling to prepare the client for receiving and managing their test results if newly diagnosed. The counseling should direct the clients understanding to modification of behaviors that may compromise their health.
- c. The applicant shall explain how they will provide post-test counseling to at least 85% of those tested and providing practical information and education on living with HIV/AIDS disease, including the availability and use of treatment therapies.
- d. The applicant shall identify the entity that will be used to train counseling and testing personnel and when the training will be conducted.



- e. The applicant shall explain how they will attend Partner Counseling and Referral Services (PCRS) training, sending weekly e-mails every Monday to the appointed PCRS representative at AHPP identifying what type of tests were performed for the preceding week, how many were positive and the number in need of assistance with PCRS.
- f. The applicant shall describe how they will follow the data collection and surveillance reporting guidelines set by the department of health (DOH), which includes entering and reporting data through the Program Evaluation Monitoring System (PEMS).
- g. The applicant shall describe how they will follow the self-evaluation and data-reporting tools developed and/or approved by the Administration for HIV Policy and Programs (AHPP) to conduct process and outcome monitoring for activities funded under this grant.
- h. The applicant shall explain how they will work collaboratively with AHPP staff to implement and complete evaluation activities, including orientation, training and quality assurance activities provided by AHPP.

Service Category 18a Minority AIDS Initiative - MAI Discharge Planning not funded in this RFA

Service Category 19 Crisis Intervention Services

Crisis intervention services are defined as short-term, intensive interventions or consultations provided by licensed and/or certified mental health professionals. The primary objective of this program area is to increase available crisis intervention counseling services for people with HIV/AIDS who may have severe emotional crisis, which may be accompanied by substance or alcohol abuse. Crisis intervention services assist clients and care givers (acting on behalf of clients), in resolving acute psychological and emotional situations, including suicide prevention and emergency hospitalization referrals.

Approximately \$ 76,661 in Ryan White funds will be available to fund one (1) provider in this service category.

Applicant Responsibilities:

- 1. The applicant is responsible for providing twenty-four hour voice service.
- 2. The applicants shall provide assistance to service agencies during business hours, which have limited or no capability to provide crisis intervention services.



3. Applicants shall provide emergency services for individuals with HIV/AIDS who are in crisis. During nights, weekends and holidays when HIV service organizations are not accessible innovative strategies should be sought to enable the client to receive intensive individual counseling and support by phone. Appropriate referral and follow up shall also be explored. Applicant shall establish memoranda of understanding with mental health providers to conduct face-to-face treatment.
4. The applicant is responsible for establishing formal linkages with housing providers and demonstrating expertise in managing mental health related crisis situations.
5. Applicant is responsible for establishing a written assessment plan, follow up and referrals if applicable.
6. Applicants should develop a safety management plan.
7. The applicant is responsible for developing policies establishing linkages with residential or inpatient mental health service providers and facilitating the inpatient admission process.

Service Category 20 Health Insurance Continuation not funded in this RFA

Service Category 21 Water Filters not funded in this RFA

Service Category 22 Health Insurance Co-pay not funded in this RFA

Service Category 23 Home Health - Professional Nursing not fund in this RFA please refer to current RFA announcement #0811-06.

Service Category 24 Complementary Therapies (Acupuncture/Massage)

Complementary therapies or products are provisions of service offered to minimize side effects of medications, manage pain, or increase overall quality of life. Services can include therapeutic massage or acupuncture and must be provided in accordance with standards of alternative practices.

Approximately \$ 310,666 in Ryan White funds will be available to fund up to four (4) providers in this service category.

Applicant Responsibilities:



1. The applicant will provide complementary therapy services **upon written referral** by the client's primary health care provider (or substance abuse counselor in the case of referrals for acupuncture associated with substance abuse treatment).
2. The applicant is responsible for providing complementary therapy services and/or products to clients.
3. The applicant shall provide complementary therapy services using practitioners with current valid license or certification from their profession certifying entity.
4. Funding priority will be given to the applicant providing services to the RFA's stated target and special populations. These include: African American gay and bisexual men; Latinos/as, including gay and bisexual men; women; women with children; transgendered persons; substance abusers; ex-offenders; people with chronic or acute mental health problems; people who are homeless; and people living in under served geographic areas. Special consideration will be given to providers whose staffs include bilingual professionals and demonstrated competence in working with cultural minorities.
5. The applicant is responsible for providing information about the training and expertise of the staff administering the treatments. Clients shall be provided with printed material about the treatment and about its success rate.
6. The applicant should ensure an assessment is completed on applicants. The applicant is responsible for developing a plan to address specific treatment frequency and measure therapeutic outcomes.

Service Category 24a MAI Complementary Therapies Massage/Acupuncture

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 127,413 in Ryan White (MAI) funds will be available to fund one (1) provider in this service category.

Applicant Responsibilities:

1. **Applicants must fulfill the entire applicant responsibilities listed under service category 24 Complementary Therapies Massage/Acupuncture above.** In addition:



2. The applicant must address their knowledge of and their ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant must identify or document their history of providing services to the targeted community.
 - c. The applicant must address their ability to provide linkages to other similar services so that they can help close the gap in access for highly impacted communities of color.
 - d. The applicant must address their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 25 Interpreter Services

Interpreter services are provisions put in place to assist limited English speaking individuals who need interpretation in order to be provided care, instructions, education and assistance in communication. Services include American Sign Language and other language interpreters, voice relay, and tactile or oral assistance.

Approximately \$ 60,763 in Ryan White funds will be available to fund (1) one provider in -this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing translation services in a multitude of languages to people with HIV/AIDS who do not speak English as their primary language or who are deaf or hard of hearing. The purpose of interpretation assistance is to facilitate PLWH/A access to the full spectrum of AIDS/HIV treatment/support agencies.
2. The applicant is responsible for providing interpreter services directly or operating a central referral bank providing interpreter services.
3. Translators and interpreters shall have technical language knowledge of health care terms; knowledge of HIV/AIDS terminology is preferred.
4. The applicant is responsible for working closely with medical providers to help improve access to care for all clients needing interpreter services.



Service Category 26 Day Treatment

Approximately \$ 219,854 in Ryan White funds will be available to fund up to two (2) providers in this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing medically related services that may include: case management, medical rehabilitation services such as physical therapy, occupational therapy, and assistance to individuals with HIV-related visual impairments; mental health interventions, substance abuse counseling and/or referrals to existing substance abuse counseling and treatment centers, training in wellness and independent living skills, vocational, recreational, and support services.
2. The applicant is responsible for providing programs that operate from 8:00 a.m. to 5:00 p.m., five days per week. Clients may access day treatment services on a full-time or part-time basis.

Special focus will be given to people who are homeless and to people with mental health and/or substance abuse diagnoses who may or may not access services on a daily basis.

Service Category 27 Home Hospice Services not funded in this RFA

Service Category 28 Peer/Paraprofessional Counseling/Support Groups

Peer/Paraprofessional counseling/support groups are the provision of services to coordinate or direct the provision of support groups, to be led by peer leaders or professionals trained in psychosocial issues. These group interactions focus on emotional support, sharing of experiences and exchange of information.

Approximately \$ 159,273 in Ryan White funds will be available to fund up to five (5) providers in his service category.

Applicant Responsibilities:

1. Support group services shall coordinate or directly provide ongoing peer-led support groups for people with HIV/AIDS;
2. Groups can be led or co-led by peer-facilitators or professionals appropriately trained in psychosocial issues.



- a. Peer-led support groups are defined as group interactions led by peers focusing on emotional support, sharing of experiences and exchange of information;
 - b. Psychosocial support groups are short-term groups (8-12 weeks) led by at least one licensed or certified clinical professional. The groups provide emotional support and didactic information related to medical or psychosocial issues and to wellness topics including alternative and/or complementary therapies;
 - c. Priority will be given to support groups serving African Americans, Latinos, HIV infected and/or affected parents. It is anticipated that funding will result in one-third of peer-led group hours (i.e., the number of group hours times the number of people in each group) being indigenous culturally appropriate peer-led and special needs groups. Peer group leaders can be paid.
3. The applicant is responsible for describing how it will offer directly or through referrals culturally and linguistically appropriate services.

Service Category 29 Childcare/Babysitting

Childcare/Babysitting services are the provision of care for the children of clients who are HIV positive while the clients are attending medical or other social services appointments or attending related meetings, groups or trainings. This does not include childcare while a client is at work.

Approximately \$ 215,969 in Ryan White funds will be available to fund up to two (2) providers in this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing facility or home-based intermittent childcare for children of parents who have HIV/AIDS disease. Childcare will be offered in conjunction with funded providers to enable parents to keep essential medical, mental health, or other health, social service appointments.
2. Applicants must receive and review a complete Criminal Background Investigations on all paid or volunteer service providers working with children. All Investigations must be on file prior to the commencement of service.
3. Applicants must have established linkages with primary medical care, case management, mental health, and substance abuse providers.
4. Applicants in this area must describe how they will provide directly, or through referral, culturally sensitive care and services, including bi-lingual and bi-cultural services and how they will work with clients at the earliest stages of HIV infection as well as those with end stage diagnosis of AIDS.



5. The applicant is responsible for demonstrating their ability to meet State regulatory guidelines and licensure requirements governing childcare.
6. Applicants are required to describe in detail the plan for implementing a voucher program.

Service Category 30 Home Health - Personal Care Aides not fund in this RFA please refer to current RFA announcement #0811-06.

Service Category 31 Bereavement Counseling

Approximately \$ 37,831 in Ryan White funds will be available to fund one (1) provider in this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing bereavement counseling services inclusive of spiritual support to persons with HIV/AIDS, their significant others and their caregivers.
2. The applicant is responsible for conducting and documenting client eligibility for receiving services, assessing the client needs and matching with available counseling. Services will be provided by counselors trained in both pastoral and secular care and involve individual and support group sessions.
3. The applicant is responsible for developing and maintaining client records. In addition, the applicant must implement, coordinate and monitor each individual's support group plan with periodic evaluation reports.

Service Category 32 Buddy Companion Services not funded in this RFA

Service Category 33 Legal Services

Legal Services are the provision of services directly necessitated by a person's HIV status. Service utilize attorneys and/or paralegals, to assist persons with HIV/AIDS in the following areas: child custody; HIV/AIDS discrimination; immigration; development of wills and trusts; durable powers of attorney and advanced directives; appeal of entitlement denials; breach of confidentiality, Do Not Resuscitate order, bankruptcy proceedings, guardianship and other appropriate professional legal services

Approximately \$ 139,788 in Ryan White funds will be available to fund one (1) provider in this service category.



Applicant Responsibilities:

1. The applicant is responsible for providing legal services in the following areas: child custody; HIV/AIDS discrimination; immigration, development of wills and trusts, durable powers of attorney and advanced directives, appeal of entitlement denials, breach of confidentiality, Do Not Resuscitate order, bankruptcy proceedings, guardianship, and other appropriate professional legal services. Legal funds are not to be used for Class Action suits.
2. Attorneys providing services must be members of the State Bar Association or have the privilege of reciprocity.

Service Category 34 Respite Care

Respite care services are the provisions of services provided in community or home-based, non-medical non-professional assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client.

Approximately \$ 80,575 in Ryan White funds will be available to fund one (1) provider in this service category.

Applicant Responsibilities:

1. Applicant can offer in-home services that are provided in the family or care provider's home.
2. Applicant can offer a center-based service, where the family brings the child to a facility in the community.
3. Applicant can provide services in the community wherein respite services can be integrated in their existing program for children.
4. Applicant can provide hospital based respite services program.
5. Cash subsidy for private arrangements.
6. Respite services should be planned and developed so that a variety of family needs are met. Respite service options must be flexible and responsive to the changing needs of families.
7. Applicant should assure respite hours cover the day and possibly overnight care.
8. Applicant should assure respite services are easy to access and the process is clear.
9. Applicant should assure guidelines for eligibility, priority, and immediate access requirements.



10. Applicant should assure program meets or exceeds the licensing requirements.

Service Category 35 Health Education/Risk Reduction not funded in this RFA

Service Category 36 Housing and Residential Counseling not funded in this RFA

Service Category 37 Adoption/Foster Care/Permanency Plan

Funds are allocated to this priority area to support the provision of extended support and legal services related to child placement. This includes family counseling related to identification of and arrangement for future placement of children of infected parents and/or temporary placement of children of infected parents who are unable to care for them for a period of time, as well as financial counseling and planning and related services. Paralegals must be used in lieu of attorneys whenever possible.

Approximately \$ 29,256 in Ryan White funds will be available to fund one (1) provider in this service category.

Applicant Responsibilities:

1. The applicant is responsible for establishing Memorandum of Understanding with public, private, and faith based organizations that focus on adoption, foster care, and kinship care placements.
2. The applicant shall maintain a listing of available resources for client placement.
3. The applicant shall make legal referrals for adoption, permanency planning or voluntary placement.
4. The applicant shall have childcare experience and knowledgeable about child welfare laws in the District of Columbia.

Service Category 38 Volunteer Coordination

Volunteer coordination is defined as services designed to meet the increasing demand for services by special-need, low-income clients including substance abusers, the mentally ill, the impoverished, and those residing in undeserved geographic areas.

Funding priority will be given to applicants expanding the indigenous culturally appropriate/competent volunteer services.



Approximately \$ 65,551 in Ryan White funds will be available to fund one (1) provider in this service category.

Applicant Responsibilities:

1. The applicant is responsible for developing and administering volunteer recruitment, training, placement, support, monitoring and supervised services in conjunction with existing community based HIV/AIDS service organizations.
2. The applicant is responsible for demonstrating how it will expand the recruitment and retention of culturally appropriate volunteers, including bicultural and bilingual volunteers indigenous to the target population(s). In addition the applicant will describe how it will expand recruitment and retention of volunteers with highly specialized needs and low-income levels by providing tokens to assist with transportation or other volunteer related costs.
3. The applicant is responsible for developing a training curriculum.
4. The applicant is responsible for demonstrating its ability to recruit, train, manage and deploy culturally appropriate and competent volunteers in order to provide a range of supportive services such as transportation, buddies, baby-sitting at AIDS service providers, nursing home visitors, food delivery and/or other services.
5. The applicant's program could include training to assist family members and/or significant others in becoming effective care givers.
6. The applicant is responsible for drawing upon traditional and nontraditional recruitment strategies, utilizing a network of churches, community groups, businesses and schools to obtain volunteers.

Service plans shall include specific strategies to recruit and retain culturally appropriate volunteers to work with African American and Latino clients and children with HIV/AIDS.

Service Category 39 Capacity Building not funded in this RFA



SECTION IV PROGRAM SCOPE**PART III - SUBURBAN MARYLAND****Service Category 1 Outpatient Primary Medical Care**

Outpatient primary medical care is defined as the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. This includes, diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties.) Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's Health Service guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Approximately \$1,974,453 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient HIV/AIDS medical care services directly or arranging for the delivery of the following:
 - a. Baseline examinations, including pelvic exams.
 - b. Medical monitoring and treatment.
 - c. Supportive laboratory services, including CD4+, viral loads, resistance testing, and OB/GYN lab tests i.e., pap smears, colposcopy and vaginal discharge panel.
 - d. Sub-specialty consultations; such funds may be used for rectal pap smears and follow-up sub-specialty care.
 - e. TB screening.
 - f. Chest x-rays as necessary for symptomatic PLWH/A suspected of being anergic.
 - g. Referral to TB control programs for follow-up and treatment as necessary, including x-rays for anergic individuals.
 - h. All primary medical service providers must demonstrate an ability to link clients with dental, nutritional, mental health, substance abuse counseling and case management.
 - i. Hepatitis A, B and C screening and Hepatitis A and B vaccine.



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- j. Treatment education and adherence monitoring.
 - k. HAART counseling and therapy
2. The applicant is responsible for demonstrating provision of comprehensive care and coordinating services with other providers
 3. The applicant is responsible for providing directly or making referral arrangements for sub-specialty care including, but not limited to: Radiology, Ophthalmology, Oncology, Cardiology, and Gynecology.
 4. The applicant is responsible for demonstrating that physicians have admitting privileges to acute care settings, in order to reduce emergency room admissions. The applicant applying for primary medical care does not have to apply for a contractual arrangement with a community hospital.
 5. The applicant is responsible for entering into cooperative arrangements (not contracts) with hospitals to assure availability of outpatient diagnostic and sub-specialty care, facilitate admission to acute, inpatient care for clients, and provide a mechanism for post-discharge follow-up. Such arrangements are designed through linkages to offer a continuum of care to clients from the earliest stages of disease through the final stages.
 6. The applicant is responsible for ensuring that Primary Medical care services provided shall meet the standards of the U.S. Public Health Services Guidelines for the care of HIV infected persons. Copies of the current guidelines can be found on the AIDS Information web site at <http://www.aidsinfo.nih.gov/guidelines>. The guidelines are called *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents*.
 7. The applicant is responsible for addressing a Chronic Care Model of care (see <http://hab.hrsa.gov/publications/march2006/> for additional information on Self-Management and the Chronic Care Model- March 2006).
 8. The applicant is responsible for including, in an appendix, protocols of care for the populations they intend to serve, including specific protocols for women and children.

Special consideration will also be given to applicants who offer appointments/services after normal working hours and/or on weekends, to increase access for patients who cannot leave work for frequent medical appointments.
 9. Co-located outpatient medical care for women and their children is the preferred approach for care of women with children.



The applicant is responsible for providing management and monitoring of drug therapies.

The applicant is responsible for developing agreements which ensure that services requested for persons in shelters, congregate living facilities, Community Residential Facilities (CRFs), and day treatment facilities are rendered.

Applicants providing primary medical care or medical case management must have a “Medication Adherence Support Policy” that:

- a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified;
- b. Defines the roles and responsibilities of the client and each provider partnered in the care of the client (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers);
- c. Outlines required documentation in the client record (s) of the coordination and communication among providers and the client in the development and implementation of the medication adherence support plan; and
- d. Defines how the applicant will monitor the progress of medications, side effects of medications and adherence to medications.

Service Category 1a. Rural Outpatient Primary Medical Care

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$56,770 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 1 Outpatient Primary Medical Care** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.



Service Category 1b. Minority AIDS Initiative (MAI) - Outpatient Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$257,811 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 1 Outpatient Primary Medical Care** above.
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation regarding their history of providing services to the targeted communities.
 - c. The applicant is responsible for documenting linkages to the targeted population that help to close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for demonstrating their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 2 Case Management

Case management is defined as the provision and coordination of services to assist individuals with HIV/AIDS gain access to primary medical, psychosocial, support services, and appropriate entitlements. The goal of case management is to assure the client reaches their maximum level of independent functioning and adheres to their HIV treatment plan. Case management plans are developed for and with individual clients and are based on an assessment of the person's needs and availability of resources. Emphasis should be on ensuring the timely access to services that are culturally and linguistically relevant, and sensitive to gender, gender identification, age, and sexual orientation of the client.

Approximately \$1,163,172 in Ryan White funds will be available to fund these services.



Applicant Responsibilities:

1. The applicant is responsible for providing Case Management services in accordance with Suburban Maryland HIV Standards.
2. The applicant is responsible for ensuring that appropriate case management staff provide entitlements counseling and monitor entitlement status to assure that eligible clients receive entitlements.
3. The applicant is responsible for assuring that all clients are screened at intake for all third party payer sources Medicaid, Medicare, AIDS Drug Assistance Program (ADAP), Maryland Health Insurance Plan (MHIP) and other private insurance.
4. The applicant is responsible for ensuring that designated case management staff complete and submit applications to all appropriate health insurers for eligible clients at initial assessment. Appropriate case management staff are responsible for determining whether clients have private insurance. If so, clients must be referred to their medical health insurance provider. Clients may only be referred to Ryan White providers for services not covered by their health insurance provider.
5. The applicant is responsible for maintaining documentation of initial Ryan White eligibility for each client in the client's record/file. The applicant will be required to document reassessment of Ryan White eligibility for each client at least every six (6) months.
6. The applicant is responsible for maintaining documentation of the status for Medicaid, Medicare, ADAP, MHIP or other private health insurers/third party payer sources' applications for all Ryan White eligible clients.
7. The applicant is to assess whether or not a client is receiving medical care. The case manager or staff designee at intake must schedule an appointment for clients not currently receiving medical care.
8. The applicant will be responsible for ensuring that case managers provide information to clients on community resources, inform the clients of their rights, inform clients of the organization's internal grievance process, and inform clients of the EMA-wide grievance process and the EMA-wide Advocacy Project.
9. The applicant is responsible for demonstrating how case managers and designated intake staff assess and refer clients presenting in a state of crisis, fear, anxiety, rage and/or emotional distress requiring immediate psychosocial support.
10. The applicant is responsible for ensuring that case management services address the particular needs of women and families.



11. The applicant is responsible for demonstrating experience in providing case management to persons with HIV/AIDS and employing culturally competent staff which reflect the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) they expect to serve.
12. The applicant is responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians, community organizations, HIV/AIDS service providers, the pre-release units in the county and state correctional systems, substance abuse treatment facilities, mental health treatment facilities, individuals and self-referrals.

The applicant is responsible for ensuring that case management plans are developed by licensed social workers or registered nurses (RN's) according to the Suburban Maryland Ryan White Title I HIV Case Management standards. Case management plans shall be developed with each individual client and must be based on an assessment of the clients' individual needs and availability of resources. Plans shall consider the different needs of each client according to their capability to meet their own needs; should ensure integration of services; must list outcomes, measurable goals, target dates, and individual responsible; should indicate what policies are currently in place in the event of a client crisis; and should include a financial plan. Clients and case managers must sign and date the case management plan.

Applicants providing primary medical care or medial case management must have a "Medication Adherence Support Policy," that:

- a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.
 - b. Defines the roles and responsibilities of the client and each provider partnered in the care of the client (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers).
 - c. Outlines required documentation in the client record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.
15. In accordance with the Suburban Maryland Ryan White Title I HIV/AIDS Case Management Standards, case managers must meet the following minimum qualifications: 1) be a licensed Registered Nurse; or 2) be a licensed social worker with at least one year of experience working in HIV case management, equivalent adult/pediatric, or



community health work. Case managers must be supervised by Licensed Certified Social Workers or licensed Registered Nurses with a minimum of three years experience.

The applicant is responsible for demonstrating that case management plans will be developed by a multidisciplinary team including, clinical/medical staff, the case manager, and any other individuals involved in the client's care (i.e. mental health staff, substance abuse counselors) and demonstrate how the client will be included in the development of their own care plan.

The applicant is responsible for assuring that all levels of case management will be available to clients. All levels of case management may either be provided directly by the applicant, or the applicant may provide one or more levels and enter into a collaborative arrangement with another agency for the other level(s).

The applicant is responsible for including information on existing and proposed staff-to-client caseload ratios and the number of clients by case management level.

The applicant is responsible for describing the methodology for preventing waiting lists.

Service Category 2a. Rural Case Management

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$51,091 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 2 Case Management** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

Service Category 2b. Minority AIDS Initiative (MAI) Case Management

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds,



applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$208,903 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 2 Case Management** above.
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation regarding their history of providing services to the targeted communities.
 - c. The applicant is responsible for documenting linkages to the targeted population that help to close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for demonstrating their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 3 Oral Health

Oral health services are designed to ensure access to and management of comprehensive oral healthcare. Oral health is integral to primary medical care for all clients with HIV/AIDS and is provided by general dental practitioners, dental hygienists and auxiliaries, dental specialists and other similar professional practitioners. Services include: dentures essential for the maintenance of health; diagnostic, preventative, prophylactic, therapeutic and other specialty care required in the event of unforeseen medical conditions such as hemorrhage, infection or trauma. Medically necessary restorations to alter, restore or maintain occlusion (close mouth) may be provided.

Approximately \$294,324 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing ongoing dental care for people with HIV/AIDS, including prophylactic, diagnostic, and therapeutic dental services provided by dentists, dental hygienists, and other professional practitioners. Dentures (full and/or



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- partial) essential for the maintenance of health may be provided and detailed in the proposed budget.
2. The applicant is responsible for describing their method for obtaining diagnostic laboratory values.
 3. The applicant is responsible for demonstrating the capacity to provide routine dental care including periodic oral cavity evaluations and cleaning by a dental hygienist and examination by a dentist.
 4. The applicant is responsible for describing how it will coordinate with other providers to accept referrals and document client eligibility.
 5. The applicant is responsible for describing how it will directly provide, or through referral, culturally sensitive care and services, including linguistically competent services.
 6. The applicant is responsible for providing services that include routine general and preventive dental services, initial examinations, cleanings, fillings, and extractions, root canals and periodontal treatment. Applicant must demonstrate linkages with referral sources to provide other needed dental procedures.

Service Category 3a. Rural Oral Health

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$21,969 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 3 Oral Health** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

Service Category 3b. Minority AIDS Initiative (MAI) Oral Health

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans,



Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$58,495 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 3 Oral Health above.**
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation regarding their history of providing services to the targeted communities.
 - c. The applicant is responsible for documenting linkages to the targeted population that help to close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for demonstrating their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 4 Emergency HIV/AIDS Drug Assistance

Emergency Drug Assistance Program (EDAP) is defined as the provision of short-term payments for prescriptions for acute opportunistic infections, which threaten death, dementia and/or blindness, for clients waiting for eligibility or who are not eligible for other HIV/AIDS treatment programs. Applicants shall provide EDAP on an emergency episodic basis that will enable people with HIV/AIDS to receive essential and life saving medications that are listed on the formulary for the respective jurisdiction for a time specific period. Eligible persons must be financially unable to obtain needed medication, denied health insurance covering specific medications and or pending Medicaid or ADAP approval. Prescription medications provided through EDAP shall not exceed three (3) months. Prescriptions for FDA approved psychotropic drugs can also be covered.

Only Primary Medical providers, Federally Qualified Health Centers or State AIDS Drug Assistance Programs may apply for Emergency HIV/AIDS Drug Assistance funds.

Approximately \$330,701 in Ryan White funds will be available to fund these services.

Applicant responsibilities:



1. Applicants must be certified by the HRSA Pharmacy Affairs Branch in compliance with the Public Health Services Act 340B Program. Applicants must contract with a pharmacy that will comply with the 340B Program.
2. The applicant is responsible for ensuring that all eligible clients are residents of one of the five counties within the Suburban Maryland region, HIV positive, have an assessment including a financial plan conducted by a HIV or a Social Services case manager, and income below 300% of the most current Federal Poverty Income guidelines.
3. The applicant is responsible for providing emergency HIV/AIDS drug assistance for Ryan White eligible persons waiting to become eligible for programs that cover HIV/AIDS treatments or for persons not eligible for such programs.
4. The applicant is responsible for apportioning their budgets throughout the grant year. In establishing the program, several options may be used, including but not limited to a voucher system or pharmacy cards to be used only at a 340B compliant pharmacy. The client may not be given direct cash assistance.
5. The applicant is responsible for demonstrating the ability to establish HIPAA compliant collaborative arrangements with Suburban Maryland service providers in order to facilitate referrals.

Service Category 5 Substance Abuse Counseling

Substance abuse counseling is defined as the provision of counseling to address substance abuse problems (i.e., alcoholism, injection and non-injection drug use) provided in an outpatient setting rendered by a physician or under the direct supervision of a physician, or by other identified qualified personnel. Substance abuse counseling provided as part of a continuum of care and treatment seeks to reduce a client's involvement in substance abusing practices thus reducing the probability of infection.

Approximately \$277,122 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

The applicant is responsible for providing substance abuse counseling services for persons with HIV/AIDS. Services can be implemented through the co-location of services and the development of cooperative agreements and referral networks among primary medical care providers, case management providers, housing programs, and existing substance abuse treatment services.



The applicant is responsible for demonstrating HIPAA compliant collaborative arrangements with mental health services.

Specific services shall include the provision of client assessments and individual, couple, and group counseling. Services are requested for persons with HIV disease who are on waiting lists for entry into traditional substance abuse programs and to assist clients involved with traditional resources to maintain a drug free lifestyle.

1. The applicant is responsible for providing services developed for multi-diagnosed clients (e.g., substance abuse, mental illness, and HIV infection) coordinated and delivered by Licensed Clinical Alcohol and Drug Counselor (LCPC) and for dually diagnosed clients (e.g., substance abuse and HIV infection) coordinated and delivered by Certified Supervised Counselors (CSC-AD) or Certified Associate Counselors (CAC-AD) under the supervision of Certified Professional Counselors – Alcohol and Drugs (CPC-AD), or under the supervision of Licensed Clinical Professional Alcohol and Drug Counselors (LCPC); or delivered by CPC-AD or LCPC.
2. The applicant is responsible for demonstrating experience in the management of persons with HIV and addictions. At a minimum, treatment interventions must consist of an initial interview; psychosocial assessment; and a treatment plan that outlines long-range goals and interventions for the client.
3. The applicant is responsible for describing how it will directly provide, or through collaborative arrangements, culturally and linguistically competent services. Substance abuse counselors and mental health providers may not use interpreters in individual psychotherapy sessions or group sessions with clients who are not English speaking, limited English speaking, deaf or hard of hearing.
4. The applicant is responsible for linking clients with other addiction treatment services if there are waiting lists for the applicant's addiction treatment services. Providers will be expected to keep clients apprised of the expected waiting time for admission, and will be expected to provide support to those clients in the form of information/referral to other addiction treatment programs.

Service Category 6 Mental Health Therapy Services/Counseling

Mental health services are defined as the provision of psychological and psychiatric treatment and counseling services for individuals living with HIV/AIDS, who are diagnosed with a mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such service, which includes psychiatrists, psychologists, clinical psychiatric nurses and qualified social workers.



Approximately \$196,040 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing mental health services, which include diagnostic and treatment services, as well as laboratory services and other diagnostic tests, to ensure a continuum of mental health services for HIV infected persons with an emphasis on those persons who are dually or multi-diagnosed with HIV and mental illness and/or substance abuse.
2. Mental health services include, but are not limited to, individual, couple, and group psychotherapy and psychiatric, psychological, and/or neuro-psychological assessments, treatment planning and monitoring, and the prescription and monitoring of psychotropic medications.
3. The applicant is responsible for ensuring that all mental health services are provided by licensed and/or certified mental health professionals. The applicant is responsible for describing how it will directly provide, or through collaborative arrangements, culturally and linguistically competent services. Mental health providers may not use interpreters in individual psychotherapy sessions or group sessions with clients who are non-English speaking, limited English speaking, deaf or hard of hearing clients.
4. The applicant is responsible for either providing services on site with primary medical HIV/AIDS care, or demonstrating its ability to establish HIPAA compliant collaborative arrangements to deliver comprehensive mental health services in an ambulatory setting.
5. Applicants proposing mental health services for women with children shall demonstrate collaborative arrangements with family centered primary medical care, case management, childcare, and transportation.
6. Mental health services may include, but are not limited to:
 - a. An initial evaluation of HIV infected persons referred, including eliciting and documenting a comprehensive mental health history and determination and documentation of mental status;
 - b. The development, implementation and monitoring of an initial treatment plan including the use of medication and individual and group psychotherapies;
 - c. The applicant must insure that services developed for multi-diagnosed clients are coordinated and delivered by appropriately licensed professionals. Management of the dually and triply diagnosed, including the evaluation and management of persons experiencing adjustment disorders, the emergency evaluation of HIV infected persons for



suicidal ideation, and the triage and management of HIV infected persons in mental health crisis;

- d. Documentation of clinical activities;
 - e. Monitoring of HIV infected persons who are taking psychotropic drugs and the effects of medication on the client;
 - f. Supervision of all mental health staff; and
 - g. Provision of professionally facilitated support groups for people with HIV/AIDS.
7. Support group interventions shall be based on specified treatment goals.

Service Category 6b. Minority AIDS Initiative (MAI) Mental Health Therapy Services/Counseling

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$49,213 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

- 1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 6 Mental Health Therapy Services/Counseling** above.
- 2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation regarding their history of providing services to the targeted communities.
 - c. The applicant is responsible for documenting linkages to the targeted population that help to close the gap in access to services for highly impacted communities of color.



- d. The applicant is responsible for demonstrating their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 7 Transportation

Transportation is defined as the direct and indirect provision of transportation services to clients with HIV/AIDS, in order to improve their access to primary medical care, case management and other essential appointments.

Approximately \$107,717 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

Services shall be designed to ensure the availability of transportation, including ambulance services, to essential health care appointments and shall consider the needs of physically disabled clients.

1. The applicant is responsible for coordinating transportation services and the proposed system should provide transportation that will ensure cost effective timely access to essential services. These funds are not for the purchase of vehicles.
2. The applicant is responsible for utilizing the following modes of transportation in the following priority order:
 - a. fare cards, bus passes and/or tokens for public transportation
 - b. taxi voucher system
 - c. leased vans with drivers
 - d. van services
 - e. reimbursement to family/friends for mileage or parking
3. Applicants that propose using means other than public transportation must provide a justification that includes the methodology for prioritizing case, and the process for determining the most cost effective and appropriate mode of transportation for each client based on their health status and proximity to destination site.
4. Applicants that propose using means other than public transportation must demonstrate that costs are primarily based on a fee per one-way trip scale or a fee per mile scale.



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5. The applicant is responsible for providing appropriate modes of transportation for HIV disabled persons needing assistance or wheelchair accommodations.
 6. The applicant is responsible for demonstrating coordination with other HIV service providers.
 7. Applicants proposing to reimburse family/friends for mileage or parking shall demonstrate internal mechanisms that will track and assure the validity of the reimbursement.

Special consideration will be given to applicants who demonstrate an ability to improve transportation services for clients with dependent children.

Service Category 7a. Rural Transportation

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$10,553 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 7 Transportation** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.

Direct Emergency Financial Assistance (Applies to service categories 8, 9, and 13)

Applicants shall provide emergency episodic financial assistance for people with HIV/AIDS. This assistance involves the provision of funds to redress the financial crises faced by Persons Living with HIV/AIDS (PLWH) with emergency situations which could result in eviction for non-payment of rent, disconnection of utilities, or lack of food. The Direct Emergency Financial Assistance (EFA) services include **emergency food vouchers, emergency rental assistance (including first months rent or security deposits or moving expenses), and emergency utilities (including gas, electric, telephone, oil and water).**

EFA services are not entitlement programs. Clients must meet specific eligibility requirements. Applicant shall provide documentation of linkages with case management providers. All EFA services require screening and referral by a case manager or social services worker.



Service Category 8 Emergency Food Vouchers

Approximately \$53,192 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing food vouchers/grocery store gift cards to Ryan White eligible individuals living with HIV/AIDS to be used only for food, personal care items and/or household cleaning products on an emergency basis. There is a \$300 cap for emergency financial assistance per client/household per year.
2. The applicant is responsible for ensuring that all eligible clients are residents of one of the five counties within the Suburban Maryland region, HIV positive, have an assessment including a financial plan conducted by a HIV or a Social Services case manager, and income below 300% of the most current Federal Poverty Income guidelines.
3. Food vouchers/grocery store gift cards must be in \$25 denominations.
4. The applicant is responsible for describing the process for assessing client needs, financial status, and eligibility for other food entitlement programs.
5. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children. Inability to secure food is the primary criteria for clients receiving emergency food vouchers.
6. The applicant is responsible for describing eligibility criteria, any limits and maximum allowances. Vouchers for food may be redeemed at food banks, SHARE programs, grocery stores, and/or other community based food distribution programs. The applicant must ensure that vouchers/gift cards prohibit/are not used for tobacco products, lottery tickets, alcoholic beverage products, household appliances, and/or pet food and products.
7. Applicants are encouraged to have more than one type of food voucher/grocery store gift card available and must list the proposed stores. Priority will be given to applicants proposing to provide food vouchers/grocery store gift cards for more than one grocery store chain.
8. The applicant is responsible for demonstrating the ability to link clients receiving food vouchers with appropriate nutritional counseling offered by a registered dietitian with experience working with the HIV/AIDS community.



Service Category 9 Emergency Rental Assistance

Emergency Rental Assistance is defined as the provision of emergency financial aid to clients with HIV/AIDS in a financial crisis due to the progression of their illness. These emergency funds are intended to permit clients to remain in their own homes and/or prevent homelessness. The service provider must ensure the client has been assessed, has a financial plan developed by an HIV case manager or Social Services case manager, and that the clients income is below 300% of the most current Federal Poverty Income guidelines. Funds may be used to assist with payment of a security deposit, the first month's rent, moving expenses, a monthly payment or a payment in arrears. All payments are made directly to the landlord.

Approximately \$91,503 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing financial assistance on an emergency episodic basis that will enable Ryan White eligible individuals with HIV/AIDS to remain in their own homes and prevent homelessness. There is a \$1400 emergency rental assistance cap per client/household per year.
2. The applicant is responsible for ensuring that all eligible clients are residents of one of the five Suburban Maryland counties, HIV positive, have an assessment including a financial plan conducted by an HIV or Social Services case manager, and income below 300% of the most current Federal Poverty Income guidelines.
3. The applicant is responsible for assessing clients for eligibility and, if appropriate, referring them to other rental assistance programs.
4. The applicant is responsible for providing a copy of policies, which must detail financial and client eligibility criteria including descriptions of limits or maximum allowances. Client records must include a form signed by the client demonstrating receipt of policies.
5. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children.
6. The applicant is responsible for describing how it will coordinate with other providers to accept referrals.
7. The applicant is responsible for maintaining records on all payments including documentation containing verifiable information that details who received the payment, the purpose of the payment, and the eligibility criteria for recipients. Enrollment in the applicant's other services cannot be a prerequisite for emergency financial assistance.



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8. The applicant is responsible for demonstrating linkages with the Housing Opportunities for Persons With AIDS (HOPWA) program and describing how clients are linked with HOPWA and other forms of housing assistance.
 9. The applicant is responsible for providing directly or demonstrating linkages with HIV case management programs.

**Service Category 10 AIDS Drug Assistance Program (ADAP) –
NOT FUNDED IN THIS RFA**

Service Category 11 Home Delivered Food/Nutritional Supplement

Home Delivered Food is defined as the delivery of prepared meals, perishable and nonperishable food items, personal care and/or household items, condiments, and nutritional supplements for persons living with HIV/AIDS and their dependents that are homebound or shelter bound or unable to prepare meals for themselves or access other food programs like food banks. Priority should be given to homebound or shelter bound clients, clients with dependent children and low-income clients. Funds may not be given directly to clients to purchase food or meals.

Approximately \$330, 883 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

Applicants shall provide either Home Delivered Food/Nutritional Supplements (including prepared meals, groceries and nutritional supplements) or Nutritional Supplements only.

1. The applicant is responsible for ensuring services are developed with the supervision of a licensed dietician and whenever possible plans should be coordinated with the clients' caregivers, case managers, etc. Linkages with referrals to other food programs should be established to minimize duplication of services.
2. The applicant is responsible for describing how it will confirm HIV status and screen applicants for eligibility. If waiting lists exist for services, the applicant must describe how such lists will be administered.
3. The applicant is responsible for demonstrating an ability to recognize food safety concerns, including:
 - a. Dented cans or previously opened food items;
 - b. Maintenance of perishable food items during storage and delivery; and



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- c. Expired items.
4. The applicant is responsible for ensuring food handling practices meet the food safety standards as determined by the appropriate jurisdictional Department of Health.
 5. The applicant is responsible for providing a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's Department of Health. Applicants must provide information on safe drinking water on a regular basis as part of ongoing services.
 6. The applicant is responsible for ensuring home-delivered groceries operate on a weekly basis and provide a sufficient amount of food for a week's worth of meals. Groceries should include:
 - a. Nutritional supplements to prevent or treat wasting syndrome;
 - b. Food or special diets including diabetic, renal, vegetarian, as well as religious and personal preferences;
 - c. Fresh fruits and vegetables; and
 - d. Food that demonstrates sensitivity to ethnic and cultural food preferences for minority populations.
 7. The applicant is responsible for providing a plan for the preparation and delivery of at least one meal daily that meets 100% of the dietary requirements of homebound or shelter bound persons with HIV disease. The plan for service should include:
 - a. Clinical diets, such as soft, liquid foods or extra portions and should take into consideration any special needs related to diagnostic testing, chronic diarrhea, and other conditions related to HIV disease;
 - b. Supplements to prevent and treat wasting syndrome; and
 - c. Provision of fresh fruits and vegetables.
 8. The applicant is responsible for demonstrating how it will refer clients in outlying areas (out of the delivery area) to other resources and services.
 9. The applicant is responsible for defining and describing its delivery areas and demonstrating the ability to provide services in a timely manner to those areas.
 10. Applicants proposing to provide Nutritional Supplements only are responsible for:



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- a. Describing their process for collecting and delivering supplements;
 - b. Ensuring that the plan for distribution of supplements is supervised by a licensed dietician; and
 - c. Demonstrating collaborative arrangements with, and process for referral to, other food programs.
11. The applicant is responsible for providing services to sustain and expand home delivered meals to people with HIV/AIDS with an emphasis on both dietary and cultural food preferences.
 12. Home delivered meals services shall include the delivery of prepared foods, nutritional supplements, and vitamins to homebound individuals and their dependents who are unable to prepare meals for themselves. Services will be targeted to home or shelter bound individuals.
 13. Services shall include coordination and distribution of medically prescribed dietary supplements.

Service Category 11a. Rural Home Delivered Food/Nutritional Supplements

Title I Rural funds are to be used to provide services to individuals residing in rural areas.

Approximately \$4,000 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 11 Home Delivered Food/Nutritional Supplements** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.

Service Category 12 Food Bank – NOT FUNDED IN THIS RFA

Service Category 13 Emergency Utility Assistance

Emergency Utility Assistance is defined as the provision of emergency financial aid to clients with HIV/AIDS threatened with discontinuance of utility services. The service provider must



ensure the client has been assessed, has a financial plan developed by an HIV case manager or Social Services case manager, and that the clients' income is below 300% of the most current Federal Poverty Income guidelines. Assistance should be provided on an episodic basis. Funds can only be used if there are no other funding sources available or the client is in the process of applying for alternative funds. There is a \$300 cap, per year, per client/family, and financial aid must be made in the form of direct payments to the utility company.

Approximately \$42,434 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for assessing client's eligibility and for other utility assistance programs. If appropriate, clients must be referred to other utility assistance programs.
2. The applicant is responsible for ensuring that all eligible clients are residents of one of the five counties within the Suburban Maryland region, HIV positive, have an assessment including a financial plan conducted by a HIV or a Social Services case manager, and income below 300% of the most current Federal Poverty Income guidelines.
3. The applicant is responsible for providing financial assistance on an emergency episodic basis that will enable people with HIV/AIDS to maintain essential utilities in their own homes. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS. Financial is provided through direct payment made to vendors providing utilities, (including residential telephone, gas, oil, electric, and water services) for people living with HIV/AIDS.
4. The applicant is responsible for designating the amount of funds, which will be allocated to each of the utility categories including residential telephone, gas, oil, electric and water services.
5. The applicant is responsible for addressing the methodology for prioritizing cases, addressing the needs of HIV infected persons with dependent children and a description of limits or maximum allowances.
6. The applicant is responsible for describing how it will coordinate with other providers to accept referrals.
7. The applicant is responsible for maintaining records on utility payments including documentation containing verifiable information that details who received the payment, the purpose of the payment, and the eligibility criteria for recipients. Enrollment in the applicants other services cannot be a prerequisite for emergency financial assistance.



8. The applicant is responsible for demonstrating linkages with the Housing Opportunities for Persons With AIDS (HOPWA) program and describing how clients are linked with HOPWA and other forms of housing assistance.
9. The applicant is responsible for providing directly or demonstrating collaborative arrangements with HIV case management programs.

Service Category 14 Nutritional Counseling

Nutrition counseling is defined as the provision of nutritional care by a licensed dietician with expertise in HIV/AIDS. The key components of nutritional care include a risk screening; a complete baseline nutritional assessment; ongoing assessment and treatment including self care training, nutrition education, counseling, and nutritional consultations with other primary healthcare and supportive service providers. Nutritional management is integral to the care of all HIV infected clients. The provision of nutritional counseling in a primary care setting is the preferred approach for care.

Approximately \$211,441 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for sustaining and increasing the provision of nutritional support services, defined as nutritional assessments, meal planning, and diet management counseling on an individual basis and/or on a group basis (e.g., group dietary counseling services).
2. Counseling services shall be provided by a licensed dietitian and have the goal of developing healthy dietary regimens for people who are HIV positive and give special consideration to a client's drug regimen.
3. Services shall include culturally appropriate nutrition education as well as referral to food assistance programs including Women, Infants and Children (WIC).
4. The applicant is responsible for providing information on safe drinking water.
5. Nutritional services shall be integrated with outpatient HIV primary medical care programs and provide information regarding medication interactions and side effects.

Service Category 15 Treatment Adherence/Compliance – NOT FUNDED IN THIS RFA



Service Category 16 Outreach/Referral to Primary Medical Care and Related Services

Outreach/Referral to Primary Medical Care and Related Services is defined as the provision of an outreach/referral service that will hire, train and supervise outreach workers who will conduct outreach activities. The goal of this service is to assure that persons living with HIV/AIDS (new clients as well as clients who have not received services for six months or more) are linked up with primary medical and other services they need.

Approximately \$59,308 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing an outreach/referral program that will hire, train and supervise outreach workers who will conduct outreach activities.
2. The applicant is responsible for demonstrating that special emphasis will be placed on linking clients with primary medical care and related services. Outreach workers hired by the applicant should be appropriately trained, culturally and linguistically competent and reflective of the community he/she will serve.
3. The applicant is responsible for describing their methodology for conducting and documenting follow-up on clients referred to specific agencies/organizations for services, and for documenting successful and non-successful referrals. Applicant must detail their policies and procedures related to client confidentiality, release of information and collaboration with other agencies.
4. The Applicant is responsible for demonstrating that services are planned and delivered in coordination with the State of Maryland and local HIV Prevention Outreach activities.
5. The applicant is responsible for demonstrating how outreach workers will:
 - a. Be supervised by a Health and Human Services professional with whom they meet regularly to review and assess the effectiveness of outreach activities.
 - b. Stay well informed about the availability of HIV/AIDS health care and support services; stay abreast of HIV/AIDS related current events and medical treatments; are knowledgeable of the eligibility requirements, guidelines and procedures associated with accessing the available services.
 - c. Develop and maintain relationships and collaborate with HIV/AIDS service providers to ensure referrals and continuity of care for persons with HIV/AIDS.



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- d. Conduct community outreach activities to identify individual's seeking/needing care.
 - e. Conduct risk/needs assessments on individuals seeking/needing care.
 - f. Motivate individuals of the target populations to enter into, and/or continue receiving health care and support services.
 - g. Refer individuals to appropriate/needed services and follow up to assure that individuals/families get connected with and are receiving the appropriate services.
 - h. Record and maintain specific demographic data (as specified by the Administrative Agency) on all contacts (including face-to-face and telephone contacts) and referrals (including specific agencies clients are referred to, and the specific services the clients are seeking from those agencies), and submit written reports as required by the Administrative Agency.
6. The applicant will be responsible for maintaining quality assurance standards as developed by the EMA Planning Council and the local jurisdictions.
 7. The applicant shall be located within the boundaries of the Suburban Maryland (Prince George's, Montgomery, Charles, Frederick, or Calvert) counties.

Service Category 16a. Minority AIDS Initiative (MAI) Outreach/Referral to Primary Medical Care and Related Services

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined service level health outcomes and indicators.

Approximately \$67,553 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 16 Outreach/Referral to Primary Medical and Related Services** above.
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.



- b. The applicant is responsible for providing documentation regarding their history of providing services to the targeted communities.
- c. The applicant is responsible for documenting linkages to the targeted population that help to close the gap in access to services for highly impacted communities of color.
- d. The applicant is responsible for demonstrating their ability to provide services in a manner that is culturally and linguistically appropriate.

**Service Category 17 Early Intervention Services –
NOT FUNDED IN THIS RFA**

**Service Category 18 Discharge Planning –
NOT FUNDED IN THIS RFA**

**Service Category 19 Crisis Intervention Services –
NOT FUNDED IN THIS RFA**

**Service Category 20 Health Insurance Continuation –
NOT FUNDED IN THIS RFA**

**Service Category 21 Water Filters -
NOT FUNDED IN THIS RFA**

Service Category 22 Health Insurance Co-Pay and Deductibles

Health Insurance Co-Pay and Deductibles is defined as the provision of financial assistance for eligible individuals living with HIV to maintain continuity of medical care from a public or private health insurance program. The co-payments and deductibles are intended to reduce the individual's financial burden when faced with increased medical bills and lost wages due to the progression of their HIV. The service provider must ensure the co-pay and/or deductible is for treatment related to the individual's HIV. Co-payments and deductibles cannot be used to cover any costs associated with payment of medications. All co-payments and deductibles must be paid directly to the agency providing the medical care.

Approximately \$3,000 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for demonstrating how they will provide financial assistance that will enable Ryan White eligible individuals with HIV/AIDS to maintain continuity of medical care from their public or private health insurance program.



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2. The applicant is responsible for ensuring that all eligible individuals are residents of one of the five Suburban Maryland counties and are HIV positive.
 3. The applicant is responsible for providing a copy of policies, which must detail client eligibility criteria, supporting documentation requirements and timelines for approval and payment of eligible requests. Client records must include a form signed by the client demonstrating receipt of policies.
 4. The applicant is responsible for describing how it will coordinate with other service providers to accept and make referrals.
 5. The applicant is responsible for maintaining records on all payments including documentation containing verifiable information that details who received the payment, the purpose of the payment and the type of payment. Enrollment in the applicant's other services cannot be a prerequisite for financial assistance.
 6. The applicant is responsible for demonstrating how all client information will be kept confidential and protected by the Health Insurance Portability and Accountability Act, HIPAA.

**Service Category 23 Home Health – Professional Nursing –
NOT FUNDED IN THIS RFA**

**Service Category 24 Complementary Therapies –
NOT FUNDED IN THIS RFA**

Service Category 25 Interpreter Services

Interpreter services are defined as the provision of translation and/or interpretation to assist clients who are non-English speaking, limited English speaking, deaf or hard of hearing access the essential HIV treatment and services in their own language. Services include language translators, sign language interpreters, or other oral assistants needed to insure information is accurately communicated.

Approximately \$661 in Ryan White funds will be available.

Applicant Responsibilities:

1. The applicant is responsible for providing translation services in a multitude of languages to people with HIV/AIDS who do not speak English as their primary language or who are deaf or hard of hearing. The purpose of interpretation assistance is to help clients access to the full spectrum of HIV/AIDS treatment/support agencies.



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2. The applicant is responsible for providing interpreter services directly or operating a central referral bank providing interpreter services.
 3. Translators and interpreters shall have technical language knowledge of health care terms; knowledge of HIV/AIDS terminology is preferred.
 4. The applicant is responsible for working closely with medical providers to help improve access to care for all clients needing interpreter services.

**Service Category 26 Day Treatment –
NOT FUNDED IN THIS RFA**

**Service Category 27 Home Hospice Services –
NOT FUNDED IN THIS RFA**

**Service Category 28 Peer/Paraprofessional Counseling –
NOT FUNDED IN THIS RFA**

Service Category 29 Childcare/Babysitting

Childcare/Babysitting is defined as the provision of care for children of clients who are HIV positive or children whose sibling is HIV positive while the clients are attending medical or social service appointments or HIV related meetings, groups or trainings. This does not include childcare while the infected/affected child's parent/caregiver is at work.

Approximately \$9,078 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing facility or home-based intermittent childcare for children of a parent who is HIV positive or children whose sibling is HIV positive while the clients are attending medical or social service appointments or HIV related meetings, groups or trainings.
2. The applicant is responsible for describing how they will verify and document the client's need for childcare.
3. Applicants must document complete Criminal Background Investigations (through local police departments) on all paid and volunteer service providers working with children. All Investigations must be on file prior to the commencement of service.
4. Applicants must have established linkages with primary medical care, case management, mental health, and substance abuse providers.



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5. The applicant is responsible for describing how they will provide directly, or through collaborative arrangements, culturally and linguistically competent services.
 6. The applicant is responsible for demonstrating its ability to meet State regulatory guidelines and licensure requirements governing childcare.
 7. Applicants proposing to use a voucher program must describe in detail the plan for implementation.

**Service Category 30 Home Health – Personal Care Aides –
NOT FUNDED IN THIS RFA**

**Service Category 31 Bereavement Counseling –
NOT FUNDED IN THIS RFA**

**Service Category 32 Buddy Companion Services -
NOT FUNDED IN THIS RFA**

**Service Category 33 Legal Services –
NOT FUNDED IN THIS RFA**

Service Category 34 Respite Care

Respite care is defined as the provision of support services intended to be short-term, temporary relief to the primary caregiver responsible for providing day-to-day care of a client or client's child. The assistance is provided either in the home or community by a non-professional with no medical expertise. Funds can only be used if there are no other funding sources available or the client is in the process of applying for alternative funds to cover this service. Funds may not be used for off-premises social/recreational activities.

Approximately \$24,120 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing innovative and cost effective programs designed to relieve the primary care giver responsible for providing care for clients with HIV/AIDS . Respite care will afford periods of rest, relaxation, and recuperation for adult family members and/or significant others who are personal care givers for persons with HIV/AIDS.
2. The applicant is responsible for demonstrating its ability to place persons trained in providing in-home relief. Respite care workers will be trained by the provider and will adhere to the policies and procedures of the provider.



3. The applicant is responsible for demonstrating the ability to complete and maintain records of background checks and a minimum of three references on all respite care workers. Applicant shall ensure that background checks are obtained through local law enforcement agencies.
4. The applicant is responsible for describing how it will provide either directly or through referral, culturally sensitive respite care workers, including bilingual and bicultural persons.
5. The applicant is responsible for describing how it will work with clients at the earliest stage of HIV infection as well as those with end stage diagnosis of AIDS. Program performance will be measured by the number of hours of care given.
6. The applicant is responsible for demonstrating linkages within the jurisdiction to set up a referral network for respite care services and establish further linkages with home health/hospice providers to assure referrals when appropriate.

**Service Category 35 Health Education/Risk Reduction –
NOT FUNDED IN THIS RFA**

**Service Category 36 Housing and Residential Counseling –
NOT FUNDED IN THIS RFA**

**Service Category 37 Adoption/Foster Care/Permanency Planning –
NOT FUNDED IN THIS RFA**

**Service Category 38 Volunteer Coordination –
NOT FUNDED IN THIS RFA**

**Service Category 39 Capacity Building –
NOT FUNDED IN THIS RFA**

Service Category 40 XPRES/Data Management

XPRES is the required data management system for all Title I funded providers in the Washington, DC EMA, no other data reports/systems will be accepted.

Applicant Responsibilities:

1. Applicants may budget for up to 3% of their requested funds to support personnel and equipment needed for data entry using the XPRES software, the preparation of the



XPRES reports, and the preparation of the HRSA required CARE Act Data Report (CADR).

2. The applicant is responsible for describing, in the data management budget narrative, how their XPRES funding will be used.
3. The applicant is responsible for submitting one XPRES budget for each service category application, which may contain amounts needed for hardware equipment (such as a computer and/or printer), for data entry, for data reporting, and/or for management of these tasks.



SECTION IV

PART IV SUBURBAN VIRGINIA

This section provides specific requirements for applicants who wish to provide services in Suburban Virginia.

Applicants must complete a Table A: Scope of Work, identifying the service category, total number of clients to be served, service units to be delivered and service category request amount. Refer to Attachment H (Table A) guidance for a listing of appropriate service units for each service category. Additionally, applicants must complete and submit Attachment J (Client Demographic Form) for each service category. For Medicaid covered services, applicant will be expected to show evidence of Medicaid certification, application for certification, and the ability to bill Medicaid during the grant year.

Ryan White CARE Act funds are always the funds of last resort. Ryan White funds can not be used to pay for services reimbursable by private insurance, Medicaid or Medicare.

Service Category 1 Outpatient Primary Medical Care

Ambulatory outpatient medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. This includes, diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, information and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's Health Service guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Preference will be given to applicants who can demonstrate the capacity to "treat the whole person" consistent with the chronic care model that has proved so successful in the management of other chronic diseases. (See <http://hab.hrsa.gov/publications/march2006/>)

The Chronic Care model slows the progression of HIV/AIDS through coordinated access to health care and community support resources, utilization of patient care teams, use of general practitioners/nurse practitioners/physician assistants as primary caregivers, with specialist consultation and involvement, as necessary, and informed patients who participate in the management of their conditions. The successful applicant will identify through internal sources, subcontracts, or memoranda of understanding the financing or services that will support the care that will complete the non-HIV related elements of chronic disease care for a Ryan White eligible patient.



Approximately \$1,353,859 in Ryan White regular funds, and \$83,650 in rural set-aside funds (for applicants providing services in rural cities towns and counties), is planned to be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient HIV/AIDS medical care services directly or arranging for the delivery of the following:
 - a. Baseline examinations, including pelvic exams.
 - b. Medical monitoring and treatment including establishing the CDC approved HIV disease staging classification system.
 - c. Non-physician nursing visits. These type of visits refers to medical follow up treatment ordered by the physician can be administered by the Nurse or qualified personnel without being first seen by the physician.
 - d. Supportive and diagnostic laboratory services, including MRI, X-rays, CD4+, viral loads, resistance testing and OB/GYN lab tests i.e., pap smears (rectal and vaginal), colonoscopy and vaginal discharge panel.
 - e. Sub-specialty consultations and follow-up sub-specialty care.
 - f. TB screening.
 - g. Chest x-rays as necessary for symptomatic PLWHIV/As suspected of being anergic.
 - h. Referral to TB control programs for following-up and treatment as necessary, including x-rays for anergic individuals.
 - i. All primary medical service providers must demonstrate the ability to link clients with dental, nutritional, mental health, and substance abuse counseling and case management.
 - j. Hepatitis A, B and C screening and Hepatitis A and B vaccine.
 - k. Treatment education and medication adherence monitoring.
2. The applicant is responsible for demonstrating provision of comprehensive services and coordinating with other service providers.



5. The applicant is responsible for ensuring referral arrangements or direct provision for sub-specialty care including, but not limited to ophthalmology, radiology, oncology, gynecology and cardiology.
6. The applicant is responsible for entering into cooperative arrangements (not a contractual agreement) with hospitals to assure availability of outpatient diagnostic and sub-specialty care, facilitate admission to acute, inpatient care for clients, and provide a mechanism for post-discharge follow-up. Such arrangements are designed through linkages to offer a continuum of care to clients from the earliest stages of disease through the final stages.
7. The applicant is responsible for ensuring that medical care services provided meet the standards of the Planning Council approved primary medical protocols and the U.S. Public Health Services Guidelines for the care of HIV infected persons. Copies of the current guidelines can be found on the HIV/AIDS Treatment Information web site at <http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&Search=Off&GuidelineID=7&ClassID=1>. The guidelines are called Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents.
8. The applicant is responsible for including, in an appendix, protocols of care for the populations they intend to serve, including specific protocols for women and children where applicable.

Special consideration will also be given to applicants who offer appointments/services after normal working hours and/or on weekends, to increase access for patients who cannot leave work for frequent medical appointments.

9. The applicant is responsible for prescribing HIV/AIDS Related Medications as indicated to individuals that demonstrate a medical need and ensure that protocols identify the laboratory tests required to establish a baseline for the types and frequency of follow up tests. Co-located outpatient medical care is the preferred approach for women and their children.
10. The applicant is responsible for providing management and monitoring of drug therapies.
11. The applicant is responsible for developing agreements, which ensure that services requested for persons in shelters, congregate living facilities, community resident facilities (CRFs), and day treatment facilities including primary care, skilled nursing, personal care services, meals and nutrition services are rendered.
12. The applicant will establish a clinical management plan that at least addresses subjective, objective and assessment information for confirming HIV infection and staging, that includes the plan for treatment, implementation of the treatment course and evaluation that indicates the results of short or long term treatment (i.e., injections, diet, etc.) initiation



13. Applicant is responsible for development of a treatment triage plan that includes provisions for addressing any delay of access to primary medical care.
14. Applicants providing primary medical care must have a “Medication Adherence Support Policy” that:
 - a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.
 - b. Defines the roles and responsibilities of the client and each provider partnered in the care of the client (e.g. primary care providers, case managers, nutritionist, mental health professionals, substance abuse counselors, and other staff or volunteers).
 - c. Outlines required documentation in the client record (s) of the coordination and communication among providers and the client in the development and implementation of the medication adherence support plan.
 - d. Monitor the progress of medication, side effects of medication, and adherence to medications.
15. The Applicant is responsible for ensuring laboratory price list used for billing of specimen results will be submitted to AHPP prior to the first invoicing for lab work completed and will become a part of the grant agreement to establish a price listing for reimbursement. Applicants that provide in-house lab tests will also provide a list of all tests that can be performed within the organization along with a price list schedule. All requests for reimbursement will be subject to an audit at the discretion of AHPP and should be based on local government rates.
16. Sub-Grantee is responsible for ensuring current medical staff, physicians including infectious disease specialists or planned medical staff for proposed services meet educational/experience criteria for providing services.
17. The Sub-Grantee is responsible for ensuring PMC providers (clinicians, physicians, medical related staff) attend mandatory and periodic trainings sponsored by AHPP and other approved training programs.
18. In compliance with the guidelines first published by HRSA on June 26, 1995, later updated, entitled "ADV Therapy for Reducing Prenatal HIV: Implementation for HRSA-Funded Programs", Ryan White vendors must collect the following data on pregnant women served:

Number of HIV+ Women Pregnant Served under Ryan White Title I during GY 2006.



Number of Women in (1) who received HAART treatment information and recommendations.

Number of Women in (2) who accepted HAART treatment.

Number of Women in (3) who completed treatment through 6 weeks post-partum.

Service Category 1a. Minority AIDS Initiative (MAI) - Outpatient Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA-defined client level health outcomes and indicators.

Approximately \$ 40,609 in Ryan White MAI funds will be available to fund this service category.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under **service category 1 Outpatient Primary Medical Care** above. In addition:
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community they intend to serve.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted communities.
 - c. The applicant is responsible for documenting linkages to the targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for demonstrating their ability to provide services in a manner that is culturally and linguistically appropriate.

Service Category 2 Case Management

Case management is defined as effective coordination of primary medical, psychosocial, support services, and referrals for appropriate entitlements. The goal of case management is to assure the independent functioning and adherence to treatment plans of clients for as long as possible. Case



management plans are developed for individual clients and are based on an assessment of the person's needs and availability of resources. Emphasis should be on ensuring the timely access to services that are culturally and linguistically relevant, and sensitive to gender, gender identification, age, and sexual orientation of the client.

Case management services in the Ryan White CARE Act program can be grouped into two general types, from medically-focused nurse case management to psycho-social social case management and care coordination.

In anticipation of the Ryan White CARE Act reauthorization, and the requirements of a continuum of care and chronic care models of primary medical care, case management applicants are invited to describe which model or models of case management services will be provided, with an estimate of the number of full-time equivalents (FTEs) to be served by these basic types of case management services.

Nurse, or medical, case management is that form of case management that is performed by a licensed medical provider, and focuses on the detailed medical status and medical treatment plans for the client, including treatment adherence requirements, patient education, nutrition plans, and prevention training.

Social case management is that form of case management that is performed by a licensed or graduate social worker and focuses on the psycho-social needs of a client, from acute need to mild intervention, in order to assure the client adhere to the medical treatment plan and the requirements of the nurse case manager.

Care coordination is that element of case management that is focused on arranging and scheduling coordination for the various service elements a client may require, and for eligibility determination, including determination of income eligibility and "last resort" requirements.

Preference will be given to those case management applications that distinguish the types of their proposed case management services in the context of the continuum of care and Chronic Care models of care.

Approximately \$625,737 in Ryan White regular funds, and \$59,236 in rural set-aside (for applicants providing services in rural cities, towns and counties), is planned to be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for ensuring that case management /care coordination staff provide entitlements counseling and assistance with entitlements to assure eligible clients receive entitlements.



2. The applicant is responsible for assuring that a case manager or staff designee screen clients for all third party payer sources including, but not limited to Medicaid, Medicare, ADAP and private insurance. The applicant is responsible for ensuring the case manager or designee complete and submit the Medicaid applications for eligible clients, follow up on the application, and initiating third-party retroactive collections for the cost of care paid by Ryan White while awaiting Medicaid determinations. Re-determination of eligibility is to be conducted every six months.
3. The applicant is responsible for maintaining documentation of the status of Medicaid, Medicare and AIDS Drug Assistance Program (ADAP) applications for all Ryan White eligible clients.
4. Case managers are responsible for providing to clients the following: informing clients of their rights to receive quality services, agency and EMA wide grievance process, services offered by the agency and any other available community and Ryan White resources.
5. The applicant is responsible for describing the extent to which nurse medical case management is conducted.
6. The applicant is responsible for ensuring that case management services address specific populations including particular needs of women.
7. The applicant is responsible for demonstrating experience providing case management to persons with HIV/AIDS and employing culturally competent staff who reflect the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) they expect to serve.
8. The applicant is responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians and community organizations, HIV/AIDS service providers, the pre-released discharge planners in the correctional system, as well as individuals and self-referrals.
9. The applicant is to assess whether clients receive medical care. If client is not receiving medical care, the case manager or staff designee shall schedule an appointment for client.
10. The applicant is to conduct an initial assessment for all clients.
11. The applicant is responsible for ensuring that:
 - a. As necessary, and in consultation with the nurse case manager, develop adherence plans with the active participation of the client.
 - b. Clients sign the case management plan with other providers providing services to client



- c. The service plan is based, when necessary, on the information gathered during a necessary psycho-social assessment (when necessary), and in consultation with the nurse case manager.
 - d. The service plan shall include specific goals and objectives with defined activities.
- 12. Applicant shall ensure service plans consider the different needs of clients and the capability of clients to meet his/her own needs; integration of services into plan and; must provide for immediate referral to counseling for clients presenting in a state of crisis, fear, anxiety, rage and or emotions requiring immediate psychosocial support; and should indicate what providers are currently in place in the event of a client crisis.
- 13. The client case management plan developed by the case manager shall ensure integration of services.
- 14. The adherence plan shall include explanation of efforts to ensure the systematic coordination of a multi-disciplinary approach to ensure all needs are being met and that all persons, and or institutions impacting on the client are involved, as appropriate.
- 15. The applicant is responsible for adhering to the VDH-required standards for client/case manager ratio.
- 16. The applicant is responsible for identifying the number of clients based on case management levels including existing and proposed staff-to-client caseload ratios and required qualifications for professional case managers.
- 17. The applicant is responsible for describing and ensuring the highest level of licensure supervision is provided to all case managers. Applicants must describe current staffing, or planned staffing for the proposed service and the educational/experience criteria used in employing the current or planned staff.
- 18. The applicant is responsible for developing an agency and client crisis plan for all clients.
- 19. The applicant is expected responsible for attending quarterly case management training sessions, monthly jurisdictional case management meeting, and monthly Case Management Operating Committee (CMOC) meetings.
- 20. Applicants providing primary medical care or medical case management must have a "Medication Adherence Support Policy," that:
- 21. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.



22. Defines the roles and responsibilities of the consumer and each provider partnered in the care of the consumer (e.g. primary care providers, case managers, nutritionist, mental health professionals, substance abuse counselors, and other staff or volunteers).
23. Outlines required documentation in the consumer record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.

Service Category 2a Minority AIDS Initiative - MAI Case Management

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

Approximately \$ 210,773 in Ryan White MAI funds will be available to fund this service category.

Applicant Responsibilities:

1. Applicants must fulfill all the applicant responsibilities listed under **Service category 2 Case Management** above. In addition:
2. The applicant is responsible for demonstrating knowledge of and ability to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant must be located in or near the targeted community intending to be served.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for demonstrating their ability to provide services in a manner that is culturally and linguistically appropriate.



3. The applicant is responsible for identifying the specific population to be served as outlined in the RFA.

Service Category 3 Oral Health

Oral health services are provisions of care designed to ensure access to and management of comprehensive oral healthcare. Oral health is integral to primary medical care for all clients with HIV/AIDS and is provided by general dental practitioners, dental hygienists and auxiliaries, dental specialists and other similar professional practitioners. Services include: dentures essential for the maintenance of health, diagnostic, preventative, prophylactic, therapeutic and other specialty care required in the event of unforeseen medical conditions such as hemorrhage, infection or trauma. Cosmetic procedures and restorations are not allowable unless they are medically necessary to alter, restore or maintain occlusion (close mouth) or nutrition.

Cosmetic dentistry services will not be funded. Dentures essential for the maintenance of health will be included.

Approximately \$ \$258,783 in Ryan White regular funds and \$8,200 in Ryan White rural set-aside funds (for applicants providing services in rural cities, towns and counties) will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing ongoing dental care for people with HIV/AIDS, including prophylactic, diagnostic, and therapeutic dental services provided by dentists, dental hygienists, and other professional practitioners.
2. The applicant is responsible for demonstrating the capacity to provide routine dental care including periodic oral cavity evaluations and cleaning by a dental hygienist and examination by a dentist.
3. The applicant is responsible for describing how it will directly provide, or through referral, culturally sensitive care and services, including linguistically competent services to clients with HIV/AIDS.
4. The applicant is responsible for providing services that include routine general and preventive dental services, initial examinations, cleanings, fillings, extractions, root canals, periodontal and orthodontic treatment, or have linkages to referral sources to provide portions of services not provided by applicant.



Service Category 3a Minority AIDS Initiative - MAI Oral Health not funded in this RFA**Service Category 4 Emergency HIV/AIDS Drug Assistance**

Applicants shall provide EDAP on an emergency episodic basis that will enable people with HIV/AIDS to receive essential and life saving medications needed to treat HIV-related conditions, as defined by each state's ADAP formulary. This assistance involves the provision of medications on an emergency basis to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to the inability to purchase required medications necessary to sustain life. Eligible persons must be financially unable to obtain needed medication, denied health insurance covering specific medications and or pending Medicaid or ADAP approval. Prescription medications provided through EDAP shall not exceed three (3) months, or provide medications outside of the VDH ADAP formulary.

Approximately \$ 522,009 in regular funds, and \$11,209 in rural funds, are estimated to be available for this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing emergency HIV/AIDS drug assistance (EDAP) for persons waiting to become eligible for programs that cover HIV/AIDS treatment (such as Medicaid), treatment of disease or for persons not eligible for such programs. Funds shall be used to cover the costs of prescriptions, acute opportunistic infections that threaten death, dementia and/or blindness and FDA approved psychotropic drugs.
2. The applicant is responsible for apportioning their budgets throughout the grant year. In establishing the program, several options may be used, including but not limited to a voucher system, pharmacy cards, and designated pharmacy or pharmacists.
3. The applicants with drug dispersing capabilities are responsible for presenting evidence of participation in the Federal 340B program or application to it within 90 days of award.
4. In the program description and in the summary service chart, applicants must clearly delineate the number of clients to be served, service units to be delivered, and the procedures for administering and monitoring the program.
5. The applicant is responsible for providing EDAP services up to three months for those clients eligible for ADAP.
6. Medications to be dispensed will be provided immediately in accordance with established guidelines.



Service Category 5 Substance Abuse Counseling

Substance abuse outpatient treatment and counseling services are the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol, injection drugs and non injection drugs) provided in an outpatient setting rendered by a physician or under the direct supervisor of a physician, or by other identified quality personnel.

The application should address the following program design in providing effective substance abuse treatment for HIV+ persons in the region:

- A regional substance abuse counselor who would perform initial assessments, linkages to services, crisis counseling and outpatient substance abuse treatment at Ryan White Title I-funded agencies *across Suburban Virginia jurisdictions*.
- Annual pre-reservation of some number of inpatient/residential beds for an HIV+ person in need of residential treatment and/or detoxification.
- Documented options for medical stabilization and residential substance abuse treatment via agreements with multiple providers.
- Intensive day treatment program for the triply-diagnosed (HIV, substance abuse, and mental health). The day treatment program should last at least 3 to 4 hours each day and have structured activities to facilitate client's movement towards recovery from substance abuse and mental health while encouraging treatment adherence within the context of their HIV primary medical care.

This RFA seeks to establish a substance abuse/co-occurring disorders treatment model that:

- i) reduces the rate of recidivism of HIV+ individuals with substance abuse or co-occurring disorders.
- ii) assists the region's substance addicted HIV+ residents in becoming law-abiding citizens, responsible members of their families, and productive members of the community.

Approximately \$ 575,444 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient substance abuse treatment and counseling services for persons with HIV/AIDS. Services shall be developed through cooperative agreements and referral networks among primary medical care providers, case management providers, housing programs, mental health services and other existing substance abuse treatment services.
2. The applicant is responsible for providing specific services that include the provision of client assessments and individual, couple, and group counseling. Services are requested for persons with HIV disease who are on waiting lists for entry into traditional substance



abuse programs and to assist clients involved with traditional resources to maintain a drug free lifestyle.

3. The applicant must ensure that services developed for this service category are multi-diagnosed clients (e.g., substance abuse, mental illness, and HIV infection) at a minimum are coordinated and delivered by licensed professionals;
4. The applicant is responsible for the utilization of a standardized assessment tool as required by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services.
5. The levels of care suggested for funding are comprised of the following components:
6. **Level I – Outpatient Services.** This level is targeted at individuals meeting criteria for abuse or dependence who have stable or manageable symptoms of withdrawal and medical or psychological problems, recognize their problems, appear to be able to resist use, and do not have a hostile home environment. Care is typically provided for less than nine hours per week.
7. **Level II – Intensive Outpatient Services.** This level is targeted at participants meeting criteria for abuse or dependence who require multiple supportive contacts per week to avoid relapse, are having any medical or psychological problems addressed through consultation/referral, or who have continued to use substances since previous outpatient care. Treatment can be either an evening program for participants with some structure at home, work, or school (Level II.1 IOP; 9-20 hrs/wk) or structured day treatment for those who lack structure or are in a more hostile environment (Level II.5 PH; 20+ hrs/wk). Treatment consists primarily of counseling and education about alcohol and drug problems with ready access (within 24 hours by phone) to psychiatric, medical, and laboratory services. Treatment also typically covers coping, nutrition, and vocational issues and may use multi-systemic therapy interventions in addition to structured individual and group counseling sessions.
8. **Level III – Residential/Medically Monitored Services.** This level targets individuals who have unsafe living environments, need time to develop their recovery skills, and medical monitoring of manageable medical or psychological problems. It can include halfway houses or other low intensity residential treatment that is typically part of the continuing care, more medium intensity residential services are typically less than 30 days, longer-term residential treatment programs or therapeutic communities or high intensity residential treatment designed to also treat co-occurring serious medical or psychological problems.
9. **Opioid Maintenance Therapy and Ambulatory Detoxification with and without On-site Monitoring.** These services can be provided in any of the above levels of care and/or be



provided in specialized outpatient settings. They are targeted at individuals that meet criteria for opioid and other drug dependence, have repeatedly failed earlier treatments, are at high risk of relapse, or are pregnant and/or likely to engage in behaviors that would put them or others at severe risk. These services focus on treating intoxication and withdrawal. Depending on both risk of harm and willingness to comply, this services can occur in several settings. Detoxification can be provided in a setting with 24-hour medical management, 24-hour medical monitoring, 24-hour clinical management, or “social detoxification, outpatient ambulatory detoxification under the close monitoring of a credentialed and licensed nurse and/or physician and outpatient detoxification without extended monitoring.

10. Applicants may not use interpreters in sessions with non-English speaking clients and must demonstrate linkages with culturally and linguistically competent substance abuse counselors and mental health professionals.
11. The applicant shall link clients with other addiction treatment services if there are waiting lists which create a delay in admission. If other such services are not available clients must be apprised of their expected waiting time for admission.
12. The applicant is responsible for demonstrating the ability to competently serve substance abusers with HIV/AIDS, as demonstrated by licensure, expertise of staff, organizational policy, and program design.

Service Category 5a Minority AIDS Initiative- Substance Abuse Counseling not funded in this RFA

Service Category 6 Mental Health Therapy Services/Counseling

Mental health services are psychological and psychiatric treatment and counseling services to individuals with HIV and a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such service, which includes psychiatrists, psychologists, clinical psychiatric nurses and clinical social workers.

Approximately \$ 286,623 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing outpatient mental health services, which include diagnostic and treatment services to ensure a continuum of mental health services for HIV infected persons with an emphasis on those persons who are dually or triply diagnosed with HIV and mental illness and/or substance abuse.



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2. The applicant is responsible for documenting coordination/referral agreements between professional mental health providers.
 3. The applicant is responsible for mental health services that include, but are not limited to, individual, couple, and group psychotherapy and psychiatric, psychological, and/or neuro-psychological assessments, treatment planning and monitoring, and psychopharmacology medications.
 4. The applicant may provide group therapy sessions that include professionally facilitated support groups as well as spiritual and bereavement counseling.
 5. The applicant must ensure that appropriately licensed and/or certified mental health professionals provide all mental health services. The applicant is responsible for demonstrating how it will assure the provision of culturally and linguistically competent mental health services to African Americans, Latinos, women, and other ethnic and sexual minorities, either directly or through collaborative agreements with other providers. Mental health providers may not use interpreters in individual psychotherapy sessions or group sessions with non-English speaking clients;
 6. The applicant is responsible for ensuring a continuum of care for HIV infected persons in need of mental health services.
 7. The applicant is responsible for either providing services on site or demonstrating its capability with linkages to deliver comprehensive mental health services in ambulatory care settings and making referrals for residential or inpatient services.
 8. Applicants proposing mental health services for women with infected or affected children shall demonstrate linkages with family centered primary medical care, case management, child care, transportation, permanency planning and legal services.
 9. Mental health services shall include, but are not limited to:
 - a. An initial evaluation of HIV infected persons referred, including: eliciting and documenting a comprehensive mental health history establishing mental health status and determination documentation of mental status;
 - b. Devise, prescribe and monitor initial treatment plan, including the use of medication and individual and group psychotherapies;
 - c. Management of the dually and triply diagnosed, including the evaluation and management of persons experiencing adjustment disorders; the emergency evaluation of HIV infected persons for suicidal ideation, and the triage and management of HIV infected persons in mental health crisis;



10. Documentation of clinical therapeutic activities;
11. Spiritual and bereavement counseling;
12. Monitoring of HIV infected persons who are taking psychotropic drugs and the effects of medication on the client;
13. Supervision of all mental health staff; and
14. Provision of professionally facilitated support groups for people with HIV/AIDS.
15. The applicant services shall include support groups led by professional therapists such as clinical social workers, psychiatrists, psychologists, or psychiatric nurses. Support group interventions shall be based on specific treatment goals.
16. The applicant is responsible for assisting with scheduling, space arrangements and other activities related to organizing support group meetings. Support groups may be scheduled or provided on an as needed basis.

Service Category 6a MAI Mental Health Therapy Services/Counseling not funded in this RFA

Direct Emergency Financial Assistance (Applies to service categories 7, 8, 9, and 13)

Applicants shall provide emergency episodic financial assistance for people with HIV/AIDS. This assistance involves the provision of funds to redress the financial crises faced by Persons Living with HIV/AIDS (PLWH) with emergency situations which could result in eviction for non-payment of rent, disconnection of telephone service or utilities, lack of food or transportation to or from medical /clinical or case management appointments. The emergency financial assistance services include emergency rental assistance, first months rent or security deposits; moving expenses; emergency utilities (gas, electric, oil and water) /telephone services; emergency food vouchers; emergency transportation assistance and personal hygiene products.

*These service categories are not intended to replace other Federal or state/local programs for low-income residents on an on-going basis. This program is not an **entitlement** program for HIV positive persons but based on specific eligibility requirements. Applicant shall provide established documented linkage with case management providers. All services require screening and referral by a case manager.*



Service Category 7 Assisted Transportation

Approximately \$ 52,164 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing transportation services to medical/clinical appointments for **non-Medicaid** eligible clients with HIV/AIDS..
2. The applicant is responsible for utilizing leased vans with drivers, a taxi voucher system, fare cards for public transportation, metro rail passes, disability commuter tickets, reimbursement's to family/friends for mileage and parking or a combination of approaches. These funds are not for the purchase of vehicles.
3. The applicant is responsible for providing appropriate modes of transportation for HIV disabled persons needing assistance or wheelchair accommodations.
4. The applicant is responsible for demonstrating coordination with other HIV service providers.
5. Applicants proposing to reimburse family/friends for mileage or parking shall demonstrate internal mechanisms that will track and assure the validity of the reimbursement.
6. Special consideration will be given to applicants who demonstrate an ability to improve transportation services for clients with dependent children.
7. The applicant shall develop a policies and procedures manual which describes and establish mechanism in place for services.
8. The applicant shall ensure appropriate supporting documentation for services include:
 - HIV/AIDS diagnosis
 - VA residency
 - Income < 333% Federal Poverty Level (FPL)

Service Category 8 Food Voucher

Approximately \$39,908 in regular funds, and \$4,636 in rural funds, will be available to fund this service category.

Applicant Responsibilities:



1. The applicant is responsible for providing food vouchers to individuals living with HIV/AIDS to be used for food and personal care items on an emergency basis, and for managing the program to limit to **\$300** the amount for emergency food per client/household per year. A cap for families not to exceed **\$700** per family/per year.
2. The applicant is responsible for ensuring an application that includes the emergency situation, an assessment, and a financial plan. The applicant should have on file a long term strategy that ensures following this assistance, the client's emergency need will be stabilized.
3. The applicant shall ensure eligible HIV positive individuals with dependent children the ability to access this service. A guardian for a HIV positive child can apply for service on behalf of the child.
4. Applicant's main criteria for this service is the inability to secure food.
5. The applicant shall develop policies procedures which describe eligibility criteria, income level, any limits and maximum allowances.
6. Applicant shall ensure vouchers for food may be redeemed at one or more local grocery store chain or markets. The vouchers must state a restriction of the purchase of tobacco and alcoholic beverage products.
7. The applicant is responsible for ensuring that clients receiving food vouchers are linked with appropriate nutritional counseling offered by a registered dietitian with experience working with the HIV/AIDS community.
8. The applicant shall ensure appropriate supporting documentation for services include:
 - HIV/AIDS diagnosis
 - VA residency
 - Income < 333% Federal Poverty Level(FPL)

Service Category 9 Rental Assistance not funded in this RFA

Service Category 10 ADAP not funded in this RFA

Service Category 11 Home Delivered Food (meals, groceries, nutritional supplement)

Home Delivered Food is defined as the collection and delivery of prepared meals, perishable and nonperishable food items, personal care and/or household items, condiments, and nutritional supplements for persons living with HIV/AIDS and their dependents that are homebound or shelter bound or unable to prepare meals for themselves or access other food programs like food



banks. Priority should be given to homebound or shelter bound clients, clients with dependent children, low-income clients, and clients in substance abuse and mental health programs. It does not include finances to purchase food or meals.

Approximately \$ 98,681 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for ensuring services are developed with the supervision of a registered dietician and whenever possible plans should be coordinated with the clients' caregivers, case managers, etc. Linkages with referrals to other food programs should be established to minimize duplication of services.
2. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. If waiting lists exist for services, the applicant must describe how such lists will be administered.
3. The applicant is responsible for demonstrating an ability to recognize food safety concerns, including:
 - a. Dented cans or previously opened food items.
 - b. Maintenance of perishable food items during storage and delivery.
 - c. Expired items.
4. The applicant is responsible for ensuring food handling practices meet the food safety standards as determined by the appropriate jurisdictional Department of Health.
5. The applicant is responsible for providing a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's Department of Health. Applicants must provide information on safe drinking water on a regular basis as part of ongoing services. The applicant is responsible for describing its plan to provide clients with information regarding safe drinking water.
6. The applicant is responsible for ensuring home-delivered groceries operate on a weekly basis and provide a sufficient amount of food for a week's worth of meals. Groceries should include:
 - a. Nutritional supplements to prevent or treat wasting syndrome.
 - b. Food or special diets including diabetic, renal, vegetarian, as well as religious and personal preferences.



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- c. Fresh fruits and vegetables.
 - d. Food that demonstrates sensitivity to ethnic and cultural food preferences for minority populations.
7. The applicant is responsible for providing a plan for the preparation and delivery of at least one meal daily that meets 100% of the dietary requirements of homebound or shelter-bound persons with HIV disease. The plan for service should include:
- a. Clinical diets, such as soft, liquid foods or extra portions and should take into consideration any special needs related to diagnostic testing, chronic diarrhea, and other conditions related to HIV disease.
 - b. Supplements to prevent and treat wasting syndrome.
 - c. Provision of fresh fruits and vegetables.
8. The applicant is responsible for demonstrating how it will refer clients in outlying areas (out of the delivery area) to other resources and services.
9. The applicant is responsible for defining and describing its delivery areas and demonstrating the ability to provide services in a timely manner to those areas.
10. Applicants proposing to provide nutritional supplements only are responsible for:
- a. Describing their process for collecting and delivering supplements;
 - b. Ensuring that the plan for distribution of supplements is supervised by a registered dietician; and
 - c. Demonstrating linkages with, and process for referral to, other food programs.
11. The applicant is responsible for providing services to sustain and expand home delivered meals to people with HIV/AIDS with an emphasis on both dietary and cultural food preferences.
12. The applicant is responsible for providing home delivered meals, which shall include the delivery of prepared foods, nutritional supplements, and vitamins to homebound individuals (make “homebound” thru-out) and their dependents who are unable to prepare meals for themselves. Services will be targeted to home or shelter bound individuals.



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13. Services shall include coordination and distribution of medically prescribed dietary supplements.

Service Category 12 Food Bank, Filtered Water, Hygiene Products not funded in this RFA

Service Category 13 Utility/Telephone Assistance not funded in this RFA

Service Category 14 Nutritional Counseling Services

Nutritional counseling services are defined as the provision of services that identify clients who may be at nutritional risk as a result of HIV related illness. Nutritional statuses are addressed through assessment and screening to determine clients nutritional needs to enhance quality of life. Nutritional management is integral to the care of all HIV-infected clients. Services for nutritional counseling are rendered by a registered dietitian who is a qualified HIV care provider. Key services include follow up and nutritional support, counseling on restrictions, menu planning, supplements, education, and nutritional consultations with other primary health care and supportive service providers. Key services include follow up and nutritional support, counseling on restrictions, menu dietitian and may be outside of primary care settings. Key services include follow up and nutritional support, counseling on restrictions, menu planning, supplements, education, and nutritional consultations with other primary health care and supportive service providers.

Approximately \$28,109 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant's services are requested to sustain and increase the provision of nutritional support services, defined as nutritional assessments, meal planning, and diet management counseling on an individual basis and/or on a group basis (e.g., group dietary counseling services).
2. The applicant's must conduct an initial Nutritional Risk Screening and complete Baseline Assessment within 2 weeks after intake.
3. The applicant must provide documentation of any food allergies, intolerances, drug/food interactions, eating habits/disorders, ability to feed self and ability to purchase food items.
4. The applicant's nutritional counseling services shall be provided by a licensed registered dietitian and have the goal of developing healthy dietary regimens for people who are HIV positive and give special consideration to a client's drug regiment. Also, information on safe drinking water should be provided.



5. The applicant shall provide services that include culturally appropriate nutrition education as well as referral to food assistance programs such as food stamps, the special supplemental food program for women, infants and children (WIC), the Commodity Supplemental Food Program, food banks, home delivered meals and emergency food.
6. The applicant's nutritional services shall be integrated with outpatient HIV primary medical care programs, wherever possible. Relevant primary medical care information shall be a on-going part of referrals for nutritional counseling.
7. The applicant shall develop nutritional assessments that identify nutritional needs, body lean and normal growth, current medical conditions, stage of illness, lab values, treatment of wasting, management of drug and food or nutrient interactions, safe drinking water needs, nutritional supplemental and vitamin needs.
8. The applicant shall develop and implement a tailored nutritional plan in collaboration with the client and the client's primary care provider and/or case manager and incorporate plan as part of client's care.
9. The applicant shall develop and implement on-going follow-up services to clients determined to show a nutritional need with periodic updates to identify changes in client's nutritional health status.

Service Category 15 MAI Discharge Planning

Discharge Planning services are designed specifically to address the needs of HIV-infected and at-risk male and female inmates, and ensures that HIV-infected inmates leaving the correctional system are referred to necessary services once they return to the community.

Applicants are encouraged to create programs that are gender-specific to HIV-positive and at-risk female inmates, and those recently released living in community-based correction facilities (e.g., halfway houses).

Applicants shall work with local detention officials to identify HIV-positive inmates and assist in the development of transitional medical services for each inmate that will ensure continuity of care (medical, medication, psycho-social services, etc.).

Approximately \$46,200 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

The applicant shall link the newly released ex-offender living with HIV/AIDS to the following essential community-based services:



- (1) Medical care, including female specific (e.g., gynecological illnesses), with emphasis on HIV-related care and access to appropriate anti-retroviral therapies;
- (2) Substance abuse treatment;
- (3) Mental health, domestic violence and supportive counseling;
- (4) Housing referrals;
- (5) Emergency financial assistance;
- (6) Other entitlements (e.g., Temporary Assistance to Needy Families, Social Security and Medicaid, etc), and;
- (7) AIDS Drug Assistance Program (ADAP) referrals.

1. Organizational Capacity

The applicant is responsible for describing its capacity to provide transitional case management for PWAs within correctional settings, including the following:

- Mission;
- Funding sources;
- Organizational structure (i.e., staff, volunteers, administrative/financial mechanisms);
- Experience addressing the case management needs of HIV-infected individuals (e.g., medical follow-up including medications, financial assistance, housing, drug treatment referral, mental health and supportive counseling) including any specific experience addressing the transitional case management needs of incarcerated individuals and case management needs of various sub-populations (e.g., substance abusers);
- Experience working within various correctional settings (prisons, halfway houses, juvenile facilities); and
- Experience coordinating activities with administrators and staff within correctional settings; experience providing referral services, particularly for HIV-related services needs, housing, substance abuse, entitlement, and other supportive services.

2. Knowledge of Service Needs of HIV infected Inmates

The applicant is responsible for demonstrating an understanding of the service needs of HIV-infected inmates and the role of the transitional case management process. Information shall be provided that indicates an understanding of the needs of HIV-infected inmates and the specific needs of various sub-populations among inmates (i.e., substance abusers, mothers, same sex partners).



3. Delivery of Transitional Case Management Services

The applicant is responsible for describing the process for providing transitional case management services, and addressing the following areas:

- **Availability of Services:** The applicant is responsible for demonstrating: knowledge of resources for HIV-infected individuals within the community; a familiarity with the processes to apply for and obtain necessary services; and an ability to negotiate formal referral agreements
- **Pre-release:** The applicant is responsible for describing key activities involved in providing pre-release services.
- **Assessment of Client Needs:** The applicant is responsible for conducting a comprehensive needs assessment for all eligible HIV sero-positive clients discharged from juvenile facilities and/or penal institutions. As part of the assessment, the applicant must describe the processes for assessing needs of clients. The applicant shall describe experience working with specific sub-populations among the inmate population including female, substance abusers, mothers, and pregnant females.
- **Discharge Plans:** The applicant is responsible for describing how it will create a complete discharge plan for each client, including any mechanisms for classifying the service needs of clients.
- **Post-Discharge Tracking and Monitoring:** The applicant is responsible for describing processes for maintaining client records and tracking referrals to ensure that individuals enter a stable environment upon release. Post-release assistance shall typically be provided for up to a minimum of six months.
- **Coordination with HIV prevention Education Services and PWA Support Groups:** The applicant is responsible for describing how transitional case management services will be coordinated with HIV prevention services and PWA support services in the corrections system to ensure that both correctional staff and inmates are aware of the availability of transitional case management services.
- **Management and Staffing:** The applicant is responsible for describing its management and staffing plan, including administrative staff, case managers, support staff and consultants. In particular, provide a description of staff skills and experience in providing transitional case management services to HIV-infected inmates, responsibilities of staff, and an explanation of how staff will be managed and services coordinated.
- **Coordination:** The applicant is responsible for describing how activities will be coordinated in a number of areas. This includes: (1) collaboration with AHPP and the DOC in terms of implementing and managing the program within all facilities; (2) linkages (via Memorandum of Understanding) with other service providers, including organizations with which the applicant has formal referral arrangements, with particular attention to describing what specific services will be provided by community agencies.



Service Category 15 Treatment Adherence/Compliance not funded in this RFA

Service Category 16 Outreach/Referral to Primary Medical/Related Services not funded in this RFA

Service Category 17 Early Intervention Services not funded in this RFA

Service Category 18 Minority AIDS Initiative - MAI Discharge Planning not funded in this RFA

Service Category 19 Crisis Intervention Services not funded in this RFA

Service Category 20 Health Insurance Continuation not funded in this RFA

Service Category 21 Water Filters not funded in this RFA

Service Category 22 Health Insurance Co-pay not funded in this RFA

Service Category 23 Home Health - Professional Nursing not funded in this RFA

Service Category 24 Complementary Therapies (Acupuncture/Massage) not funded in this RFA

Service Category 24 MAI Complementary Therapies Massage/Acupuncture not funded in this RFA

Service Category 25 Interpreter Services

Interpreter services are provisions put in place to assist limited English speaking individuals who need interpretation in order to be provided care, instructions, education and assistance in communication. Services include American Sign Language and other language interpreters, voice relay, and tactile or oral assistance.



Approximately \$59,866 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing translation services in a multitude of languages to people with HIV/AIDS who do not speak English as their primary language or who are deaf or hard of hearing. The purpose of interpretation assistance is to facilitate PLWH/A access to the full spectrum of AIDS/HIV treatment/support agencies.
2. The applicant is responsible for providing interpreter services directly or operating a central referral bank providing interpreter services.
3. Translators and interpreters shall have technical language knowledge of health care terms; knowledge of HIV/AIDS terminology is preferred.
4. The applicant is responsible for working closely with medical providers to help improve access to care for all clients needing interpreter services.

Service Category 26 Day Treatment not funded in this RFA

Service Category 27 Home Hospice Services not funded in this RFA

Service Category 28 Peer/Paraprofessional Counseling/Support Groups not funded in this RFA

Service Category 29 Childcare/Babysitting

Childcare/Babysitting services are the provision of care for the children of clients who are HIV positive while the clients are attending medical or other social services appointments or attending related meetings, groups or trainings. This does not include childcare while a client is at work.

Approximately \$48,657 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing facility or home-based intermittent childcare for children of parents who have HIV/AIDS disease. Childcare will be offered in conjunction with funded providers to enable parents to keep essential medical, mental health, or other health, social service appointments.



2. Applicants must receive and review a complete Criminal Background Investigations on all paid or volunteer service providers working with children. All Investigations must be on file prior to the commencement of service.
3. Applicants must have established linkages with primary medical care, case management, mental health, and substance abuse providers.
4. Applicants in this area must describe how they will provide directly, or through referral, culturally sensitive care and services, including bi-lingual and bi-cultural services and how they will work with clients at the earliest stages of HIV infection as well as those with end stage diagnosis of AIDS.
5. The applicant is responsible for demonstrating their ability to meet State regulatory guidelines and licensure requirements governing childcare.
6. Applicants are required to describe in detail the plan for implementing a voucher program.

Service Category 30 Home Health - Personal Care Aides not funded in this RFA

Service Category 31 Bereavement Counseling not funded in this RFA

Service Category 32 Buddy Companion Services not funded in this RFA

Service Category 33 Legal Services

Legal Services are the provision of services directly necessitated by a person's HIV status. Service utilize attorneys and/or paralegals, to assist persons with HIV/AIDS in the following areas: child custody; HIV/AIDS discrimination; immigration; development of wills and trusts; durable powers of attorney and advanced directives; appeal of entitlement denials; breach of confidentiality, Do Not Resuscitate order, bankruptcy proceedings, guardianship and other appropriate professional legal services

Approximately \$ 13,519 in Ryan White funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for providing legal services in the following areas: child custody; HIV/AIDS discrimination; immigration, development of wills and trusts, durable powers of attorney and advanced directives, appeal of entitlement denials, breach of confidentiality, Do Not Resuscitate order, bankruptcy proceedings, guardianship, and



other appropriate professional legal services. Legal funds are not to be used for Class Action suits.

2. Attorneys providing services must be members of the State Bar Association or have the privilege of reciprocity.

Service Category 34 Respite Care not funded in this RFA

Service Category 35 Health Education/Risk Reduction not funded in this RFA

Service Category 36 Housing and Residential Counseling not funded in this RFA

Service Category 37 Adoption/Foster Care/Permanency Plan not funded in this RFA

Service Category 38 Volunteer Coordination not funded in this RFA

Service Category 39 Capacity Building not funded in this RFA



SECTION V REVIEW AND SELECTION OF APPLICATIONS

Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each applicant's application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. The final funding determinations shall be made by the Health Department of the respective jurisdiction.

Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

SCORING CRITERIA

Criterion A Theoretical and Technical Soundness of the Proposed Plan and Operation (**Total 30 Points**)

1. The objectives of the proposed project are clearly defined, measurable and time-specific. (**5 Points**).
2. The proposed activities and work plan will result in the accomplishment of the project objectives. The proposed project will contribute to the achievement of the established applicant responsibilities in the designated service category (ies). (**5 Points**)
3. The soundness of the proposed methodology/approach is demonstrated. Copies of protocols and/or operating procedures are provided, and are appropriate for the methodology proposed, i.e., hours of operation. (**5 Points**)
4. The proposed impact of the program on the target population(s) is clearly delineated and justified: (**5 Points**)
 - a. By the extent to which the program will enhance and ensure geographical and physical access to services and address identified barriers to care for the target population(s);
 - b. By the extent to which the proposed project/services will meet the specific needs of the target population(s).
5. The proposed project will enhance the continuity of patient care and addresses the continuum of care. (**3 Points**)
6. The proposed project addresses the continuum of care and is coordinated with other non Ryan White funded services. (**5 Points**)



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7. Appropriate Memoranda of Understanding that demonstrate formal linkages and/or collaboration with other service providers are indicated on Attachment E. **(2 Points)**

Criterion B Relevant Experience and Organizational Capability (Total 40 Points)

Previously funded applicants shall describe how Ryan White Title I services were provided and describe the level of compliance with service delivery and expenditure target goals for the previous grant year (March 1, 2005 – February 28, 2006).

Applicants not currently receiving Ryan White Title I funds in the service category(ies) for which funding is requested shall demonstrate the ability to achieve stated objectives, meet annual service delivery targets and effectively utilize funds requested through evidence of an aggressive marketing plan/program and linkages with referral resources including other service providers of the target population(s), i.e., referral agreements, memoranda of understanding, shared service arrangement, partnerships, coalitions.

1. The application demonstrates knowledge and experience relevant to the service applied for and demonstrates experience serving the target population(s), including: **(15 Points)**
 - a. Demonstrated support for the project from the Board of the organization applying;
 - b. The proposed project represents an expansion of an already existing program;
 - c. The applicant demonstrates competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff; and
 - d. The applicant has relevant experience with the population(s) and geographic area(s) to be served.
2. The proposal demonstrates cultural competency, sensitivity and appropriateness (racial, ethnic, economic, gender, disability, sexual orientation, etc.) by the following: **(15 Points)**
 - a. The applicant has identified and has gained an understanding of issues affecting the target population(s) by providing a mechanism for input from community leaders, civic organizations and advocates for and/or members of the target population(s) in planning and implementation of proposed services;
 - b. Members of the target population (or in the case of children, adolescents, active substance abusers, homeless and the chronically mentally ill, persons with experience



in advocating for the target population(s)) are represented among staff, management, the board of directors and/or advisory body/bodies;

- c. Language issues are addressed through the availability of staff with appropriate communication skills, including American Sign Language (ASL);
 - d. Sensitivity to issues of race/ethnicity, gender, culture/lifestyle and sexual orientation is demonstrated through the establishment of operating procedures which are accommodating and staffing policies which are compatible to the needs of the population(s) to be served;
 - e. A completed Attachment D, Capacity to Provide Culturally Competent Services, is included in the application Appendices.
3. The applicant demonstrates the capacity to administer the proposed program. **(5 Points)**
4. The applicant demonstrates provision of flexible schedule that provides for evening and weekend hours of operation. **(5 Points)**

Criterion C Sound Fiscal Management and Reasonable Budget (Total 20 Points)

- 1. The applicant demonstrates that the proposed budget is reasonable, realistic and will achieve project objectives. **(3 Points)**
- 2. The applicant demonstrates sound fiscal management practices through the description of their accounting system. **(4 Points)**
- 3. The applicant demonstrates financial stability through the description of sources of funding (see Attachment G) and demonstrates capability to implement and maintain service delivery and administrative operations under a cost-reimbursement grant. The applicant demonstrates the ability to maintain service delivery and administrative operations for 90 days. **(7 Points)**
- 4. The applicant describes policies and procedures in place to ensure that Ryan White Title I funds will be used as the funds of last resort in accordance with the Ryan White CARE Act. **(6 Points)**

Criterion D Evaluation/Quality Assurance (Total 10 Points)

- 1. The applicant provides evidence of how it will comply with quality assurance protocols developed by the Ryan White Planning Council, the US Public Health Service, the jurisdictional Administrative Agency or other recognized bodies for the delivery of various health and support services as is appropriate to the service. **(5 Points)**



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2. The applicant provides evidence of how the various services delivered will be evaluated. Evaluation will be with respect to performance outcomes and attainment of program targets. **(5 Points)**

Criterion E Consistency with MAI criterion (Total 20 Points) MAI applicants ONLY

1. The applicant has described knowledge of and their abilities to address the specific needs of the MAI target population they propose to serve.
 - a. The applicant is located in or near the targeted community they intend to serve.
 - b. The applicant has provided documentation of a history of providing services to the targeted community.
 - c. The applicant has documented links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant has demonstrated their ability to provide services in a manner that is culturally and linguistically competent.
2. The applicant has identified the specific populations to be served as outlined in the RFA.

Criterion F Consistency with Chronic Care Principles VA Applicants Only (Total 10 Bonus Points)

Primary Medical Care and Case Management Applicants Only

9. The primary medical care applicant has proposed a model of service that is consistent with and supportive of the chronic care concepts included in the HRSA HAB article (see page 29) and specifies: (1) how treatments will be sought /provided for non-HIV conditions, (2) how a team approach to care will be used (including access to specialists), (3) how community supportive resources will be involved in care (as demonstrated by memoranda of understanding and sub-contractual arrangements), and (4) which mechanisms will be used to foster patient self-management. **(5 points)**
10. The case management applicant has identified and quantified how it will provide medical case management, psychosocial case management, and/or care coordination in conjunctions with a primary medical care applicant proposing to employ the chronic care approach. **(5 points)**



Decision on Awards

The recommendations of the review panel are advisory only and are not binding on the District of Columbia Department of Health or the Administration for HIV Policy and Programs (AHPP). The final decision on awards rests solely with the Director of the Department of Health. After reviewing the recommendations of the review panel based on prior experience, and any other information considered relevant, DOH shall decide which applicant to award funds and the amount to be funded.



SECTION VI APPLICATION FORMAT

Applicants are required to follow the format below. Each application must contain the following information and shall be divided by index tabs or colored paper that clearly mark each section:

- Applicant Profile (**See Attachment A1 and A2. Not counted in page total. Must be affixed to the outside of each envelope**)
- Application Checklist Form (**See Attachment L. Not counted in page total.**)
- Table of Contents (**1 page**)
- Abstract (**2 pages**)
- Project Description (**13 pages**)
- Organization, Experience and Qualification of Applicant (**5 pages**)
- Applicants staff and subcontractor information (**3 pages**)
- Program Budget and Budget Narrative (**Not counted in page total**)
- Certifications and Assurances (**Place this information in the Assurance Package. Not counted in page total.**)
- Appendices (For a complete list, refer to the following pages: page 81 in the District, page 74 in Maryland, and page 72 in Virginia). (**Not counted in page total**)

The number of pages designated for each section (bulleted items above) is the maximum number of pages permitted per section. Applicants should feel free to submit fewer pages than the maximum stated. However, the maximum number of pages for the total application **cannot exceed 24 double-spaced pages (no single-spaced pages; any bulleted items must also be double-spaced) on 8½ by 11-inch paper. Margins must be no less than one inch and a font size of 12-point is required. All pages must be consecutively numbered. The review panel shall not review applications that do not conform to these requirements.**

Description of Application Sections

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that applications reflect continuity among the goals and objectives, program design and activities, and that the budget demonstrates the level of effort required for the proposed services.



Applicant Profile

Each application shall have an Applicant Profile (Attachment A1 and A2) affixed to the outside of each envelope, which identifies the applicant, type of organization, project service category and the amount of grant funds requested.

Table of Contents

The Table of Contents should list major sections of the application with quick reference page indexing.

Abstract

This section of the application should provide a description of how your proposed service will impact primary medical care services, enhance quality of life and/or sustain clients living with HIV in care. This section of the application should provide a summary overview of the applicant's total grant application.

Project Description

This section of the application should contain the program narrative that justifies and describes the program to be implemented. The program narrative should include the following:

1. Target population(s) to be served;
2. Specific, measurable program objectives for the service category of the application;
3. Specific services to be provided;
4. Number of service units to be provided;
5. Service methodology/approach;
6. The number of unduplicated clients to be served;
7. The impact of the proposed project;
8. The cultural relevancy and appropriateness;
9. The extent to which access barriers to the target populations are addressed;
10. The extent to which continuity of patient care will be enhanced;
11. The extent to which the purposed services contribute to the continuum of care.



12. Quality assurance mechanism(s) including quality improvement plan and quality assurance implementation plan; and
13. Discussion of implementation of evaluation plan (include complete evaluation plan).

The application must include separate program descriptions, time-specific work plans by work site, delineation of activities needed to achieve the service objectives, and budget with budget narrative justification for each distinct service for which funding is being requested. An evaluation plan, specific to each service category for which grant funds are being requested, must also be provided. The evaluation component should be included in the appendix and referenced in the program description for each service.

Organization, Experience and Qualifications of Applicant:

Applicants must provide the following information in this section:

1. Name, address, telephone number and Federal tax ID number are required. District of Columbia applicants must submit a DUNS number. To acquire a DUNS number, call 1-800-333-0505;
2. Name, title, address and current telephone number of applicant's contact person;
3. Information about previously performed grants or contracts for related work over the past five years with federal government or local governments in eligible jurisdictions, including grant or contract numbers and inclusive dates, amounts, and the name of the grant officers (and/or his/her technical representative). A specific description of services provided, using terms, phrasing and abbreviations understandable at the lay person's level; and
4. Applicant's qualifications, experiences and management, staffing, training, and service facility description to demonstrate capacity to meet requirements of this grant program.
5. Applicants are required to maintain an accounting system in accordance with generally accepted accounting principles. Such records shall be made available to the funding agency, upon request. Organizations who received more than \$500,000 in Fiscal Year 2005 must submit a copy of their most recent OMB A-133 audit with their application, in accordance with Federal law. Include a copy of the audit in the assurance packet.

The application shall contain information regarding the applicant's organizational structure, current financial status, and financial stability including:

1. Current certified statement of the applicant's financial condition (not more than twelve months old and prepared by an independent CPA, who is not an employee of the applicant).



Include a copy of the most recent audited annual financial statement in the assurance package;

2. An organizational chart that lists full-time personnel within each organizational unit of the applicant's organization;
3. A description of the applicants accounting system to demonstrate sound fiscal management practices;
4. A description of the applicants policies and procedures in place to ensure that Ryan White funds will be used as funds of last resort;
5. A description of the applicant's sources of funding (other than Ryan White funds) to demonstrate capability to implement and maintain service delivery and administrative operations under a cost reimbursement grant. Describe the ability to maintain service delivery and administrative operations for 90 days; and
6. A list by name and title of all key managers, including the chief executive officer, who will have major policy and decision-making responsibilities for this grant, if awarded.

Each Administrative Agency reserves the right to request additional information regarding the applicant's organizational status and to require the applicant to obtain an appropriate license, registration or certification to transact business in the jurisdiction if such license, registration or certification is required by law.

Applicant's Staff and Subcontractor Information:

The applicant shall list the names and titles of top management, line supervisory, and key professional personnel who will be assigned to the proposed project and state the percentage of time each will devote to the project in total for each distinct service category for which funding is requested. Job descriptions must be placed in the appendix.

Job descriptions must include the following:

1. Education requirements;
2. Experience requirements;
3. Certification requirements;
4. Description of duties and responsibilities;
5. Hours of work;



6. Salary range; and

7. Performance evaluation criteria.

Job descriptions must be specific to the position to be funded. Submission of generic job descriptions or existing job description for similar type positions is discouraged. The job description must also specify requirements relative to accountability and supervision. When hiring staff, written work experience and personal references must be obtained and documented.

Applications must describe the manner in which the proposed staff and any subcontractors will be managed and what the reporting relationships will be. The name of each proposed staff member or subcontractor staff and the percentage of time that each will devote to the project shall be depicted. Include in the appendix any memoranda of understanding (MOU) or subcontracts for any services to be provided under this grant.

For those programs wherein ten percent (10%) or more of the population to be served is comprised of minority persons, applicants are required to provide evidence of the bilingualism/biculturalism of the Board of Directors, management, and staff of the organization. Applicants are also required to complete Attachment F, *Documentation of Composition of Board of Directors and Management*.

Proposed Budget and Budget Narrative Justification:

Applicants must provide a detailed budget for the expenditure of funds for each proposed service. The budget must clearly state all cost and price information on activities required to implement the project. Budget requests must be itemized with an accompanying brief narrative justification for each major budget item. The budget justification must also reflect any in-kind and non-grant resources supporting the proposed service(s). **All funds are to support HIV care services and cannot be used to provide direct financial assistance to individuals with HIV disease or to fund education and training.**

The applicant's budget must identify the total number of staff persons required and the specific time allocation for each staff member working to provide the service(s). Any proposed agreements with subcontractors must also be clearly identified in the budget.

XPRES Data Management Plan Budget Narrative:

XPRES is the required data management system for **all** Title I providers in the Washington, DC EMA. Applicants must budget for up to 3% of their requested funds to support personnel and equipment responsible for data entry using the XPRES software, the preparation of the XPRES reports, and the preparation of the HRSA CARE Act Data Report (CADR).



Applicants shall submit a data management budget narrative describing how their XPRES funding will be used. One XPRES budget should accompany each service category application. The data management budget narrative may contain amounts needed for hardware (such as computer and/or printer), for data entry, for data reporting, and/or for management of these tasks.

Agencies are not permitted to submit manually kept records. Agencies are not permitted to substitute other electronic data reporting systems for XPRES. Agencies that are not compliant with using XPRES will not be considered for continued funding.

Certifications and Assurances (Assurance Package):

Applicants seeking funding shall complete and return one (1) unbound original and one (1) copy in individually sealed envelopes, of all required certifications and affidavits with the Assurance Checklist (Attachment M) included as stated in the Mandatory Application Requirements, Section I. The envelope must be sealed and the Applicant Profile (Attachment A1) must be affixed to the outside of the envelope.

Assurances:

1. Attachment B1 (Lobbying, Debarment, Suspension and Drug-Free workplace certification)
2. Attachment B2 (Federal Assurance)
3. Proof of Insurance for: commercial general liability, professional liability, comprehensive automobile and worker's compensation.
4. Home Health Medical/Home Hospice license (if applicable)
5. Certificate of Occupancy
6. Medicaid Certification
7. 501 (c) 3 Certification
8. Articles of incorporation
9. Business License
10. Audits and Financial Statements
11. Certificate of Good Standing from local tax authority
12. Copy of table of contents from the agency's operating policies and procedures
13. Client eligibility criteria
14. Protocols and or policies used to protect client confidentiality
15. Evidence of organizational compliance with HIPAA regulations
16. Copy of internal client grievance procedures

ORGANIZATIONS THAT SUBMIT INCOMPLETE ASSURANCE PACKAGES MAY NOT HAVE THEIR APPLICATION (S) CONSIDERED FOR FUNDING.



Appendices:

1. Client Demographics Form (Attachment J) ;
2. Site Control Form (Attachment K);
3. Table A: Scope of Work (Attachment H);
4. Quality Management Plan that includes implementation work plan;
5. A copy of any personnel specific license or certifications required to perform the service;
6. Job descriptions for all positions that will be funded by this grant;
7. Evaluation Plan;
8. Organizational Chart;
9. Copies of all Memoranda of Understanding (MOU) and/or Subcontracts related to providing services funded by this grant;
10. Capacity to Provide Culturally Competent Services (Attachment D);
11. Linkages With Other Service Providers (Attachment E);
12. Documentation of Composition of Board of Directors and Management (Attachment F); and
13. Service Protocols (Attachment O).
 - a. All applicants must provide a statement (on organizational letterhead) certifying that you will adhere to a specific service protocol;
 - b. Applicants using a standard national/state protocol must include a copy of the title page and table of contents;
 - c. Applicants using a protocol approved by the Metropolitan Washington Regional Health Services Planning Council or the jurisdictional Administrative Agency must include a copy of the first page of that protocol; and
 - d. If there is no national/state or Planning Council approved protocol for the service category for which applicants are applying, and applicants are adhering to an internal organizational protocol, the entire protocol must be provided.



SECTION VII

DISTRICT OF COLUMBIA GRANT TERMS AND CONDITIONS

All grants awarded under this program, shall be subject to the following terms and conditions:

1. Technical Assistance

The District of Columbia Department of Health, Administration for HIV Policy and Programs Ryan White Title I Program shall offer technical assistance for issues related to this RFA.

Contact:

Technical assistance will be offered as detailed in Section I of this RFA.

2. Audits

- a. At any time or times before final payment and three (3) years thereafter, the Grantee (District of Columbia Department of Health Administration for HIV Policy and Programs) may have the organization's expenditure statements audited.
- b. The organization shall retain independent auditors to audit all projects which are funded by a Ryan White grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133.
- c. Applicants with annual budgets of more than \$500,000 must submit an audit in compliance with OMB Circular No. A-133 for the calendar year or fiscal year that included 2005. The audit must be submitted with this application. Applicants with annual budgets under \$500,000 must submit a Certified Financial Statement (prepared by an independent CPA) for the 2005 calendar year or fiscal year that included December 2005. The Certified Financial Statement should be comprehensive, covering all sources of funding, and include a signed and dated Independent Auditor's Report and a Schedule of Findings. The Certified Financial Statement must be submitted with this application.

3. Insurance

During the term of the grant, all organizations will be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable, covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence. All Certificates of Insurance must list the specific applicable dollar amounts as



described herein. Organizations may be required to carry additional insurance depending on the service categories provided under the terms of their award, as follows:

- a. The organization shall carry employer's professional liability coverage of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- b. The organization shall require and maintain professional liability coverage on all contracted workers/consultants of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- c. In instances where organization-owned vehicles are utilized in transporting clients served or employees and/or consultants funded by this project, the organization shall carry comprehensive automobile liability insurance covering all automobiles used in connection with the grant. The policy shall provide for bodily injury, death, and property damage liability in the minimum amounts of Two hundred thousand dollars (\$200,000.00) per person and Five hundred thousand dollars (\$500,000.00) per occurrence.
- d. The organization shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to the grant agreement, and shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia.
- e. Organization **must include original** Certificates of Insurance for all insurance requirements as detailed by this section in grant proposals submitted for consideration. **All Certificates of Insurance shall set forth District of Columbia as a Certificate Holder and as Additional Insured.** All insurance shall be written with responsible companies licensed by the District of Columbia. The policies of insurance shall provide for at least thirty (30) days written notice to the Grantee's Grants Management Division, prior to their termination or material alteration. All certificates must have an original written or stamped signature. Copies are not acceptable.

4. **Compliance with Tax Obligations**

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements as established in the District of Columbia or eligible jurisdiction and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.

5. **Drug-Free Workplace**

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment B1).



6. Vendor Assurances

The organization shall submit and comply with all document requirements as determined by the District of Columbia Department of Health, Administration for HIV Policy and Programs. The following documents will be included for completion with the organization agreement:

- a. Vendor Oath and Certification;
- b. Certification of Assurance of Compliance Regarding Fair Labor Standards Act;
- c. Bidder/Offer or Affidavit and Statement of Ownership; and
- d. Corporate Acknowledgment - Whenever the DOH is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure the DOH that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

7. District of Columbia Regulatory Requirements

- a. Organizations seeking funding for Food Bank and Home Delivered Food (Meals or Groceries) services must include a copy of the current Food Permit issued by the Food Protection Division of District of Columbia or such appropriate designated division of the government with proposal.
- b. Organizations seeking funding for Childcare services are required to comply with the regulations set forth by the Day Care Licensing Division of District of Columbia. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations (conducted through local law enforcement agency) on all paid or volunteer service providers.
- c. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate jurisdictional licenses with grant proposals.

8. Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.



All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with HIPAA.

9. Quality Assurance

The organization will agree to participate in quality assurance activities and record review processes established by the Grantee, the District of Columbia Department of Health and the Planning Council.

10. Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

11. Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

12. Term

The term of the Year 17 grant year shall be March 1, 2007 through February 28, 2006.

13. Availability of Funds

The funds listed in this RFA are projections. The actual amount allocated to a given service category are not known at this time. The funds for each service category will depend upon the receipt of funds from HRSA, to the Title I Eligible Metropolitan Area and allocation plan approved by the Planning Council.

14. Budget

A complete set of budget forms must be submitted for each service category for which you are requesting funding. Budget forms and instructions are included in Attachment I.

15. Information Systems

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via XPRES or data collection tools provided by or approved by AHPP.



SUBURBAN MARYLAND GRANT TERMS AND CONDITIONS

All grants awarded under this program, shall be subject to the following terms and conditions:

1. Technical Assistance

The Prince George's County Health Department, Ryan White Title I Program shall offer technical assistance for issues related to this RFA.

Contact: Devi C. Ramey, Ryan White Title I Grant Manager
Prince George's County Health Department
1701 McCormick Drive, Suite 210
Largo, MD 20774
(301) 883-7848 / Fax (301) 883-7893
Email oamajors@co.pg.md.us

Technical assistance will be offered as detailed in Section I of this RFA.

2. Audits

- a. At any time or times before final payment and three (3) years thereafter, the Administrative Agencies (District of Columbia Department of Health and/or the Prince George's County Health Department) may have the organization's expenditure statements audited.
- b. The organization shall retain independent auditors to audit all projects which are funded by a Ryan White grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133.
- c. Applicants with annual budgets of more than \$500,000 must submit an audit in compliance with OMB Circular No. A-133 for the calendar year or fiscal year that included 2005. The audit must be submitted with this application. Applicants with annual budgets under \$500,000 must submit a Certified Financial Statement (prepared by an independent CPA) for the 2005 calendar year or fiscal year that included December 2005. The Certified Financial Statement should be comprehensive, covering all sources of funding, and include a signed and dated Independent Auditor's Report and a Schedule of Findings. The Certified Financial Statement must be submitted with this application.

3. Insurance

During the term of the grant, all organizations will be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable, covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence. All organizations shall be required to maintain physical and sexual abuse liability coverage in the amount of one hundred thousand dollars (\$100,000) per individual and three hundred thousand dollars (\$300,000) per occurrence. All Certificates of Insurance must list the specific applicable dollar amounts as described herein. Organizations may be required to carry additional insurance depending on the service categories provided under the terms of their award, as follows:

- a. The organization shall carry employer's professional liability coverage of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.



- b. In instances where organization-owned vehicles are utilized in transporting clients served or employees and/or consultants funded by this project, the organization shall carry comprehensive automobile liability insurance covering all automobiles used in connection with the grant. The policy shall provide for bodily injury, death, and property damage liability in the minimum amounts of Two hundred thousand dollars (\$200,000.00) per person and Five hundred thousand dollars (\$500,000.00) per occurrence.
- c. The organization shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to the grant agreement, and shall comply at all times with the provisions of the workers' compensation laws of the State of Maryland or other eligible jurisdiction, as applicable.
- d. Organizations **must submit original** Certificates of Insurance for all insurance requirements as detailed by this section. Original Certificates of Insurance must be included in the proposal submitted for consideration. **All Certificates of Insurance shall set forth Prince George's County Government as a Certificate Holder and as Additional Insured.** All insurance shall be written with responsible companies licensed by the State of Maryland. The policies of insurance shall provide for at least thirty (30) days written notice to the Prince George's County Health Department, Ryan White Title I Program prior to their termination or material alteration. All certificates must have an original written, stamped, or electronic signature. Copies are not acceptable.

4. **Compliance with Tax Obligations**

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements in the State of Maryland or other eligible jurisdiction and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.

5. **Drug-Free Workplace**

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment B).

6. **Vendor Assurances**

The organization shall submit and comply with all document requirements as determined by the Prince George's County Government. The following documents will be included for completion with the organization agreement:

- a. Vendor Oath and Certification
- b. Certification of Assurance of Compliance Regarding Fair Labor Standards Act
- c. Bidder/Offer or Affidavit and Statement of Ownership
- d. Certification of Assurance of Compliance Regarding Suspension and Debarment
- e. Corporate Acknowledgment - Whenever the County is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure the County that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

7. **County Regulatory Requirements**



- a. Organizations seeking funding for Food Bank and Home Delivered Food (Meals or Groceries) services must include a copy of the current Food Permit issued by the Food Protection Division of Prince George's County Government or the appropriate jurisdiction with proposal.
- b. Organizations seeking funding for Childcare services are required to comply with the regulations set forth by the Day Care Licensing Division of Prince George's County or the appropriate jurisdiction. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations (conducted through local law enforcement agency) on all paid and volunteer service providers.
- c. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate Maryland licenses with grant proposals.
- d. All services must be delivered in accordance with the State of Maryland Code of Regulations (COMAR).

8. Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage (Annotated Code of Maryland, Health General, Sections 4-301 through 4-309 and other Federal, State and County laws and policies).

All Covered Entities and Business Associates (as defined by the HIPPA Privacy Standards) must comply with HIPPA.

9. Quality Assurance

The organization will agree to participate in a quality assurance and record review process established by the Prince George's County Health Department, the District of Columbia Department of Health and the Planning Council.

10. Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

11. Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services.

12. Term

The term of the Year 17 grant shall be March 1, 2007 through February 29, 2008.

13. Availability of Funds

The funds listed in this RFA are projections. The actual amount allocated to a given service category are not known at this time. The funds for each service category will depend upon the receipt of funds from HRSA, to the Title I Eligible Metropolitan Area and allocation plan approved by the Planning Council.



14. **Budget**

A complete set of Suburban Maryland Budget and Budget Narrative forms must be submitted for each service category for which you are requesting funding. Budget forms and instructions are included in the Suburban Maryland Attachment I.

15. **Information Systems**

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via XPRES data collection tools provided by or approved by the Administration for HIV Policy and Programs and/or the Prince George's County Health Department.



SUBURBAN VIRGINIA GRANT TERMS AND CONDITIONS

All grants awarded under this program, shall be subject to the following terms and conditions:

1. **Technical Assistance**

The Northern Virginia Regional Commission may offer technical assistance for issues related to this RFA.

Contact:

Technical assistance will be offered as detailed in Section I of this RFA.

2. **Audits**

- a. At any time or times before final payment and three (3) years thereafter, the NVRC may have the organization's expenditure statements audited.
- d. The organization shall retain independent auditors to audit all projects which are funded by a Ryan White grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133.
- e. Applicants with annual budgets of more than \$500,000 must submit an audit in compliance with OMB Circular No. A-133 for the calendar year or fiscal year that included 2005. The audit must be submitted with this application. Applicants with annual budgets under \$500,000 must submit a Certified Financial Statement (prepared by an independent CPA) for the 2005 calendar year or fiscal year that included December 2005. The Certified Financial Statement should be comprehensive, covering all sources of funding, and include a signed and dated Independent Auditor's Report and a Schedule of Findings. The Certified Financial Statement must be submitted with this application.

3. **Insurance**

During the term of the grant, all organizations will be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable, covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence. All Certificates of Insurance must list the specific applicable dollar amounts as described herein. Organizations may be required to carry additional insurance depending on the service areas provided under the terms of their award, as follows:



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- f. The organization shall carry employer's professional liability coverage of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
 - g. The organization shall require and maintain professional liability coverage on all contracted workers/consultants of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
 - h. In instances where organization-owned vehicles are utilized in transporting clients served or employees and/or consultants funded by this project, the organization shall carry comprehensive automobile liability insurance covering all automobiles used in connection with the grant. The policy shall provide for bodily injury, death, and property damage liability in the minimum amounts of Two hundred thousand dollars (\$200,000.00) per person and Five hundred thousand dollars (\$500,000.00) per occurrence.
 - i. The organization shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to the grant agreement, and shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia.
 - j. Organization **must include original** Certificates of Insurance for all insurance requirements as detailed by this section in grant proposals submitted for consideration. **All Certificates of Insurance shall set forth District of Columbia as a Certificate Holder and as Additional Insured.** All insurance shall be written with responsible companies licensed by the District of Columbia. The policies of insurance shall provide for at least thirty (30) days written notice to the Grantee's Grants Management Division, prior to their termination or material alteration. All certificates must have an original written or stamped signature. Copies are not acceptable.

4. **Compliance with Tax Obligations**

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements as established in Virginia and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.

5. **Drug-Free Workplace**

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment B1).

6. **Vendor Assurances**



The organization shall submit and comply with all document requirements as determined by the NVRC. The following documents will be included for completion with the organization agreement:

- e. Vendor Oath and Certification;
- f. Certification of Assurance of Compliance Regarding Fair Labor Standards Act;
- g. Bidder/Offer or Affidavit and Statement of Ownership; and
- h. Corporate Acknowledgment - Whenever NVRC is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure NVRC that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

7. Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.

All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with HIPAA.

8. Quality Assurance

The organization will agree to participate in quality assurance activities and record review processes established by the Grantee , NVRC, and the Planning Council.

9. Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

10. Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

12. Term



The term of the Year 17 grant year shall be March 1, 2007 through February 28, 2006.

13. Availability of Funds

The funds listed in this RFA are projections. The actual amount allocated to a given service area are not known at this time. The funds for each service category will depend upon the receipt of funds from HRSA, to the Title I Eligible Metropolitan Area and allocation plan approved by the Planning Council.

14. Budget

A complete set of budget forms must be submitted for each service area for which you are requesting funding. Budget forms and instructions are included in Attachment I.

15. Information Systems

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via XPRES or data collection tools provided by or approved by AHPP.



SECTION VIII LIST OF ATTACHMENTS

Attachment A1:	Applicant Profile
Attachment A2:	Applicant Profile (for Maryland electronic submissions only)
Attachment B1:	Certifications
Attachment B2:	Federal Assurances
Attachment C1:	Application Receipt
Attachment C2:	Assurance Package Receipt
Attachment D:	Capacity to Provide Culturally Competent Services
Attachment E:	Linkage with Other Service Providers
Attachment F:	Documentation of Composition of Board of Directors & Management
Attachment G:	Other Sources of Funding
Attachment H:	Table A Guidance
Attachment I:	Budget and Budget Narrative
Attachment J:	Client Demographic form
Attachment K:	Site Control
Attachment L:	Application Checklist
Attachment M:	Assurance Checklist
Attachment N:	Medicaid Chart
Attachment O:	Quality Assurance Protocols